CALIFORNIA STATE JOURNAL OF MEDICINE

1924 Meeting of the California Medical Association

THE 1924 MEETING of the California Medical Association will be held May 12-15, at the Biltmore Hotel, Los Angeles. The program is rapidly nearing completion and promises to be an unusually good one. All members who desire to take part in any phase of the program should communicate promptly with the secretaries of their sections, listed in the back of this and every number of the Journal. In accordance with the announcement made in the January number of the Journal, the program will be closed February 15, and papers cannot be accepted after that date.

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ORIGINAL ARTICLES

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THE PRINCIPLE AND TECHNIC OF DRAINAGE IN THE SURGERY OF THE GALL-BLADDER AND THE BILE TRACT *

By ANDREW STEWART LOBINGIER, M. D.,
Los Angeles

Our present understanding of the relationship between infection of the gall-bladder and infection of the liver and its ducts, due to a better interpretation of their related pathology, will in future greatly modify the surgery of the gall-bladder.

For many years there has been a feeling among clinical observers that the surgery being done for conditions commonly found in the gall-bladder was only partially meeting the requirements in the case; that gall-stones were largely an incident in cholecystitis and that the infection and tissue changes found in the wall of the gall-bladder would be found in greater degree and significance in the liver itself. It did not seem reasonable that inflammatory changes could be present in the wall of the gall-bladder without the hepatic ducts sharing in these inflammatory changes. Riedel, as far back as 1888, described a tongue-like process of the right lobe of the liver, which since then has been known as Riedel's lobe. It was associated with cholecystitis and was thought to be due to an enlargement of the liver. Naunyn, in 1892, quotes Charcot as noting the enlargement of the liver in gall-stones. Langenbach was of the opinion that this enlargement of the liver was only present with obstruction of the choledochus, but Fink believed that in every case of infection of the biliary tract, the liver would be found to be enlarged. Mayo-Robson found the liver enlarged in the later stages of infective cholangitis and believed this condition might be complicated with diffuse hepatitis and cholecystitis. Quincke considers an enlarged liver a common attendant of cholelithiasis, and Grube and Graff found hepatitis almost invariably associated with cholecystitis and gall-stones.

All of these clinical observations were made of the living pathology by men of the widest experience in diseases of the liver and gall tract. The significance of these observations has been so suggestive that many of us have been able to confirm these opinions in our own experience. But there has remained a confused state of mind as to the channels through which infection was conveyed and precisely what changes occurred in the histology of the liver when it became infected. Twenty-five years ago Cushing conducted a series of experiments to discover the channel through which infection occurred in the gall-bladder in enteric fever. Since that time a large amount of experimental work has been directed toward determining whether the infection was by extension along the mucous lining of the intestine upward into the gall-ducts and gall-bladder or was from clumps of bacteria being swept through the veins or lymph channels from a distant focus of infection into the wall of the gall-bladder and interlobular spaces of the liver. J. Koch found in the submucous reticulum of the gall-bladder of a man who died of typhoid clumps of bacilli, which stained like the Eberth bacillus and which he concluded was the bacillus typhosus. No bacteria were found in the lumen of the gall-bladder, and Koch concluded that the cholecystitis of enteric fever was due to haematogenous infection, and this embolus was deposited in the submucous area of the gall-bladder. Chiarolanza partly confirmed Koch's conclusions. Experimental work has been done by Chiari, Letienne, Girodi, and Pawlowsky on the entrance of various bacilli to the bile tract, all of them with varying conclusions, but most of them holding the belief that this transmission is embolic. Rosenow, in 1916, conducted a series of interesting experimental studies on the transmission of streptococcus infection. The study we are particularly interested in here was on the "Etiology of Cholecystitis and Gall-Stones and Their Production by Intravenous In-

* Presented to the Section on Surgery at the Fifty-second Annual Session of the California Medical Association.

jection of Bacteria." His conclusion was that the wall of the gall-bladder was infected haematogenously. But none of these studies conclusively determined what part the liver shared in the infection of the bile tract.

In December, 1917, Evarts A. Graham reported a series of experimental studies before the Chicago Surgical Society on "Hepatitis: A Constant Accompaniment of Cholecystitis." This proved to be the beginning of a systematic study, later to be joined in collaboration by Peterman and Priest in an experimental contribution on "The Association of Hepatitis With Experimental Cholecystitis and Its Bearing on the Pathogenesis of Cholecystitis in the Human." A still later contribution by Peterman of experimental studies on "Cholecystitis and Its Complications" constitutes altogether the most conclusive evidence yet offered on this subject. We may only summarize here the conclusions of these investigators.

Graham's conclusions are as follows: "In 30 cases of biliary tract disease which have come to operation, a distinct enlargement of the liver has been present in 26, or 87 per cent. In the remaining four cases, there has been definite gross evidence of previous or existing pathological change in the liver, other than an enlargement. During the course of the operation, small pieces of liver tissue have been removed for bacteriological and microscopical study. The result of these examinations may be epitomized as follows:

1. In cases of acute or sub-acute cholecystitis there has constantly been found in the liver microscopical evidence of inflammation.

2. The hepatic inflammation is characterized by leucocytic infiltration of the interlobular or periportal sheaths; in the more severe types of inflammation, the infiltration may involve also the parenchyma at the peripheries of the lobules and be associated with more or less oedema, slight necrosis, and moderate fat infiltration.

3. Cultures from both the liver tissue and from the bile in the gall-bladder have usually revealed the same organism from each of the two different sources.

4. In chronic cholecystitis the liver microscopically often presents a picture practically identical with that of an early case of cirrhosis.

5. The inflammatory reaction appears to be chiefly a pericholangitis.

6. The gross enlargement of the liver is probably usually due to oedema. The enlarged livers in this series have always diminished markedly or returned to normal size after appropriate surgical treatment. Marked cirrhotic changes have been shown to occur in the liver, even when there has never been a stasis of bile."

The importance of these findings in relation to the pathogenesis of cirrhosis of the liver in general is discussed.

From the standpoint of the diagnosis of obscure or doubtful cases of biliary tract disease, the presence of an enlarged liver is of the greatest importance.

Inspired by the study by Sudler of the lymphatic distribution to the gall-bladder, Peterman shows that, not only is the infection of the gall-bladder haematogenous through the portal system in which the liver coincidentally shares, but that this infection may occur through the lymph vessels as well, and that we may have a lymphogenous as well as a haematogenous origin of cholecystitis and cholangitis. As a prelude to his own experimental studies, he cites a voluminous bibliography covering more than 30 years of clinical and experimental observation on the infection of the gall-bladder, bile-ducts, and liver. In this latest contribution he divides the study into six parts: "Part 1 consists of a review of the literature on experimental cholecystitis; in Part 2 is submitted the experimentation directly concerned with establishment of experimental cholecystitis and its relation to hepatitis; Part 3 contains a consideration of cholecystitis in its relation to appendicitis; Part 4 consists of a review of pancreatitis and its relation to cholecystitis, with a report of investigation; in Part 5 a survey of clinical cases is offered, and Part 6 is a general discussion."

A resume of the literature on experimental cholecystitis shows:

"1. Intravenous injection of organisms if in sufficient amount is always followed by the appearance of these organisms in the bile. The organisms are probably carried to the liver in the blood stream, excreted in the bile and carried at the same time, among other places, into the wall of the gall-bladder by the blood stream and lymphatics.

2. The intravenous injection of virulent organisms in sufficient amount produces a cholecystitis in a high percentage of cases.

3. The organisms after intravenous injection may be demonstrated in the bile one-half to two minutes after injection, and may be found in the gall-bladder after the blood has become sterile.

4. Simple injection of organisms, even in large amounts into the lumen of a normal gall-bladder, does not usually produce a cholecystitis.

5. Injection of virulent organisms into the lumen of a gall-bladder in sufficient amounts after ligation of the cystic duct and vessels regularly produces a cholecystitis.

6. Although cholecystitis may be due to a haematogenous infection, it is not infrequently lymphogenous in origin.

Cholecystitis is constantly accompanied by hepatitis. The character of the lesion in the liver is determined to a certain extent by the origin and course of the disease in the gall-bladder."

We cannot include all the divisions of Peterman's last contribution in this review, but the Part 3 which discusses appendicitis and peptic ulcer associated with cholecystitis is of especial interest to us in this discussion.

For many years the clinical relationship between appendicitis, cholecystitis and gastric and duodenal ulcer has been noted by surgeons.

"In 1901, Adrian asserted his belief that appendicitis was a haematogenous infection. In the 1904 Mount Sinai Hospital Report in seven cases of ulcer operated, three showed foci of infection in the area drained by the portal vein. Ochsner re-

ported, in 1906, four cases of pyloric ulcer, two of which were associated with infection of the bile tract, two with appendicitis, one case having both lesions. There were 13 cases of bile tract infection, of which four had pyloric ulcer and seven appendicitis. Deaver in 1907 reported 36 cases of ulcer, 15 of which gave a history of typhoid, bile tract infection, dysentery or appendicitis."

"In 1908 Moynihan reported 205 cases of ulcer, 16 of which required surgery in the bile tract. The appendix was not examined. In his work on Duodenal Ulcer, he reported 62 cases of ulcer, 25 of which had chronic appendicitis, one required biliary drainage, and a later study showed in 14 cases of ulcer 12 chronically inflamed appendices, the other two patients were too ill to permit detailed study. Moynihan, in 322 ulcers operated upon in 1910-11, found 111 chronically inflamed appendices, and asserted it as his belief the appendix should be removed in 90 per cent of the cases of diseases of the bile tract and of peptic ulcer."

Peterman gives voluminous citations of the clinical reports and studies of numbers of other observers, including McCarthy and McGrath, Augustana Hospital report 1910-1911, Pilcher, Mitchell, and Rosenow, all of which show the close relationship between infection in the vermiform appendix and the bile tract, as well as ulcer of the stomach and duodenum, and quotes Deaver as presenting the modern and generally accepted dictum "that in case of gall-bladder infection whether there are calculi or not, operation should include removal of the appendix and the examination of other abdominal viscera for associated disease." After consideration of the close relationship through the lymphatic system between infective conditions in the appendix and bile tract with the pancreas, Peterman concludes that these infections, secondarily, of the pancreas are most commonly (30-Med. Record, p. 47, 1919) brought about through the lymph channels.

He concludes with the clinical and laboratory study of 130 cases of disease in the human gall-bladder in the surgical service of Barnes Hospital. These cases were unselected, and his "object in reviewing them and the sections was to study in detail the pathological findings in gall-bladder disease and its complications. . . . Thirty-three cases were critically analyzed and studied in greater detail, which included study of the gall-bladder wall and sections of the liver removed at operation. In seven other cases which came to autopsy, the liver was studied microscopically. . . . "

Cholelithiasis (with or without complications) as a pre-operative diagnosis was made 92 times, and stones were found in 79 cases. Cholecystitis, exclusive of stones, was diagnosed in 30 instances. . . . Twenty gall-bladders were reported not markedly abnormal. All, however, showed pathological changes on section. The liver was found involved in 82 cases. . . . "In 82 cases of liver involvement, 69 were enlarged or oedematous, 5 showed adhesions alone, and 8 were atrophic or scarred." . . . "The chief interest in the study of these cases was the frequency and the nature of hepatic involvement. . . . In a complete study of 33 cases the liver was found involved in every case. . . . In the acute cases there was a pericholangitis, at times a general hepatitis with infiltration of polymorphonuclear leucocytes in the interlobular spaces especially around the bile-ducts. . . . In the chronic cases there was observed an increase in connective tissue elements in the periportal or interlobular spaces with a moderate infiltration of mononuclear leucocytes."

This author's conclusion is that "cholecystitis probably begins in most instances as an infection within the wall of the gall-bladder, and doubtless is secondary to a hepatitis. This infection may be acquired from the appendix, intestines (typhoid, dysentery), or it may be secondary to any infectious focus within the body. The infection may then spread easily by the lymph stream to the wall of the gall-bladder and the complications then follow."

He quotes Mallory's studies of the liver in typhoid, and adds "the frequency of cholecystitis with and following typhoid is thus readily explained." So that with this overwhelming assembling of clinical and experimental evidence based upon exact microscopical study, one feels that this group of careful and conservative investigators is fully justified in the final conclusion that "the emphasis so commonly placed on the appearances and changes in the mucosa of the gall-bladder would seem to be misdirected."

It is obvious that these recent comprehensive clinical and experimental studies in the pathogenesis of infection of the liver and bile tract lead to one conclusion. This conclusion brings into sharp relief the fact that we have been dealing surgically with only a small part of the infected bile tract when we have removed the gall-bladder or stones from the gall-bladder and ducts. The greater, and in very many instances, the more important infected areas—the liver and the hepatic ducts—have received little or no attention. We are compelled then, by the logic of these findings, to take a new view of the pathology of the organs in the right hypochondrium and to consider surgical procedures which shall be more adequate in reaching this infection and overcoming it.

The pathology by which we have been governed in the choice of cholecystectomy or cholecystostomy has been found to have a far wider significance, and we shall discover in the principle of drainage the basic method of treatment.

John B. Murphy more than 20 years ago urged on a reluctant profession the merits of this treatment. In that day the bile itself was regarded as the principal carrier of the infection, and Murphy drained the bile through the gall-bladder from the hepatic ducts until repeated cultures showed it to be sterile. With the knowledge definitely determined that infection is haematogenous or lymphogenous primarily to the liver, and secondarily to the gall-bladder, ducts and bile, the principle of treatment by drainage is just as definitely determined for us. This does not mean that pericholecystitis with adhesions, cysticus and necrotic oedema shall not always require cholecystectomy. There is

no other procedure to be considered in those conditions; but in cholecystitis with or without stone, in cholangitis and hepatitis, in splanchnic paresis and a failing myocardium, which are the usual concomitants of this infection, some form of prolonged drainage, with a judicious use of chologogues, will very likely be the treatment of the future. Kehr has suggested drainage of the liver by placing a small tube in the common hepatic duct. It is by no means easy to do without leakage, and a tube retained sufficiently long to accomplish the desired result will almost invariably cause an ulcer and later a stricture in the duct. We have found in our experience, and recommend as more practicable and free from any reasonable objection, the removal of the major portion of the gall-bladder, leaving sufficient of its neck to tie in securely a small firm-walled drain in the cystic duct, maintaining this drain in place for a period of at least 20 days.

It may be necessary to continue the drainage for six weeks or two months, the governing factors being the chronic congestion and enlargement of the liver and the character and degree of bacterial infection of the bile. We would urge careful attention to the technical details of the method of drainage which, for the first time, we here recommend. The cystic artery should be ligated separately.

The gall-bladder is dissected away from the liver, clamped off, and cut an inch and a half from the common duct. If the mucosa strips easily, it is better to remove it down to the cystic duct. The drainage tube should be tied in with two purse-string ligatures of twenty-day chromic catgut, the end of the drain being one-half inch short of the common duct. The raw edge of the amputated neck may be covered in with omentum or the serous coat turned in as in cholecystostomy.

If the gall-bladder is acutely septic, a temporary Penrose drain, to be withdrawn after a few days, should be placed under the liver above the right kidney. If this technic is followed carefully there should never be leakage of bile or infection of the peritoneum.

This operation may be done rapidly and securely and is adapted to practically every form of infection of the gall tract. It disposes, without further argument, of the tiresome discussion of cholecystostomy and cholecystectomy, for it compasses the principle of both of these procedures. It *is* a cholecystectomy and it accomplishes all and more than the usual cholecystostomy does in drainage of the common and hepatic ducts. And best of all, it drains and reduces the infection in the liver and pancreas, the *raison d'etre* for practically all gall-bladder surgery. We commend this operation, therefore, with sincere conviction, because it is founded upon sound pathology and because we cannot escape the conclusion which the majority of clinical and experimental observers working in this field now confirm: that our hope of accomplishment in the future treatment of infection of the liver, pancreas, and bile tract, must lie in the rational application of *drainage*.

Merritt Building.

TUMORS OF THE TESTICLE*

WITH SPECIAL REFERENCE TO DIAGNOSIS AND TREATMENT

By FRANK HINMAN, M. D.; ADOLPH A. KUTZMANN, M. D., and THOS. E. GIBSON, M. D.
(From the Department of Urology, University of California Medical School.)

The difference between the two operations of simple castration and castration with radical resection of the preaortic lymph zones for malignant tumors of the testicle is so great that reasons for ever attempting the latter must be fundamentally sound. The principle that any surgical attack of cancer anywhere in the body must be whole-hearted or not at all is of universal belief, and justification of such a radical principle has arisen through the hard-earned improvements in the results of the treatment of cancer in general. A life saved now and then from an otherwise hopeless and miserable end encourages the patient and surgeon to take great risks. The advent of the Roentgen ray and radium therapy somewhat undermines this surgical principle, but medical men should carefully consider facts and conclusions. A careful and truthful scrutiny of results by all methods is essential, and a comparison from time to time of such reviews establishes the best and soundest methods of treatment.

The physician or surgeon is seldom called on to make a diagnosis or to treat malignant tumors of the testicle. Nevertheless, even in those exceptional instances, the extreme malignancy of this type of tumor and the inadequacy of simple castration should be fully appreciated by all. The surgical ease of castration and ignorance of end-results but poorly excuses the neglect of more efficient methods, even though they are beset by more difficulties. This paper is but a brief summary of a recent and complete analysis of results obtained by castration, radio-therapy and the radical operation,[1] and there follows from this familiarity with the literature and personal experience with these cases, certain fundamental inferences of diagnosis and of selection and classification of cases which may be useful. The diagnosis is not simple, mistakes are costly and surgical exploration should be unhesitatingly resorted to in all cases of doubt. The loss of a few months in making a diagnosis too often means the loss of a life. Once the diagnosis is firmly established, a recognition of individual conditions is essential, in some cases radical operation is clearly contra-indicated, while in other cases it may be directly indicated. The interest of the patient warrants a conservative presentation of the facts and an intelligent recognition of them by the general practitioner as well as the specialist.

DIAGNOSIS

The diagnosis of testicular tumors is chiefly a matter of exclusion. They present no pathognomonic signs or symptoms. Syphilis, hydrocele and tuberculosis present the chief problems of differentiation.

* Read before the San Francisco County Medical Society, May 29, 1923.

1 Hinman, Gibson and Kutzmann: The Radical Operation for Teratoma Testis. Surg. Gyn. and Obs., Oct., 1923.

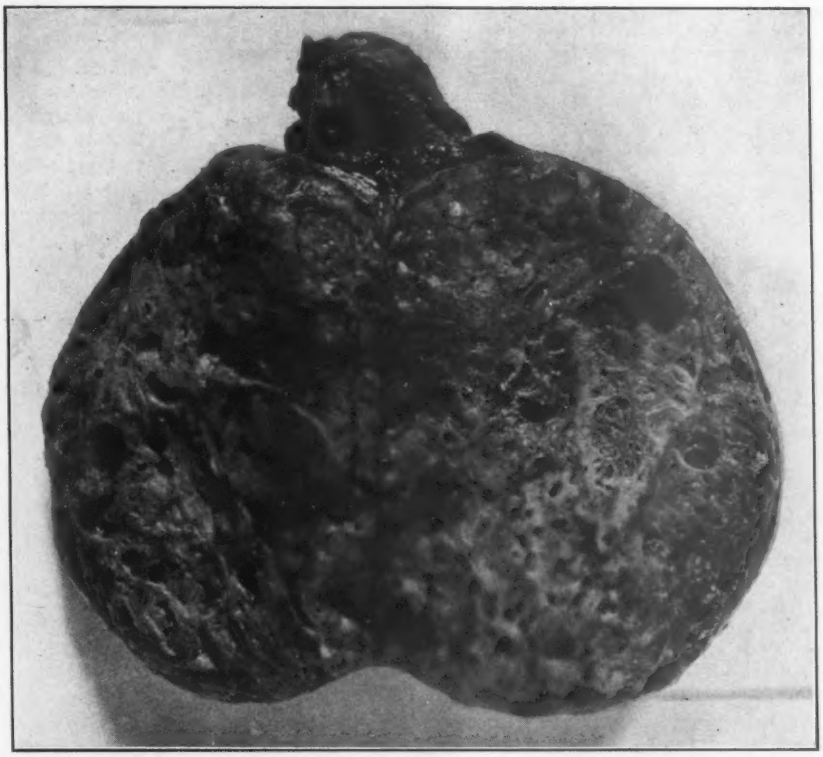

Figure 1—Photograph showing typical mixed tumor or teratoma of the testicle measuring 6x4.5 cm. Note variegated cystic structure characteristic of teratoma. No normal testicular substance remains.

Gumma simulates tumor more often and closely than any other condition, and it is well never to forget that generalized lues and testicular malignancy may coexist. A positive Wassermann or antiluetic therapy should not be cause for too long delay. It is preferable to remove a gumma, as has been done, than to delay in the removal of a malignant tumor.

Hydrocele and hematocele occasionally present great difficulties in differentiation. The pathognomonic signs of transillumination and fluctuation may fail in hematocele, while certain teratomata in which cartilage and mucoid material preponderate may transmit light and be fluctuant. Trauma as the important factor in hematocele may have been absent, and its significance relative to tumor is about as great anyway. Hydrocele in conjunction may completely mask the presence of tumor, and yet, on the other hand, simple hydrocele may present hard indurated areas due to organization and absorption. Of considerable help often is puncture drainage of the tunica vaginalis, which then permits more accurate palpation of the testicle. There is at present in our pathological museum a specimen of gumma of the testicle associated with hydrocele of the tunica vaginalis and a large cyst of the epididymis, all of which exemplifies some of the diagnostic difficulties that may be encountered.

Tuberculosis more rarely presents difficulties and then only in those rare instances of massive epididymo-orchitis, in which the mass may equal in size that of a large testicular tumor. The radical operation has been performed by mistake on such a tumor mass, even in co-operation with an expert pathologist.

Clinically, we consider all tumors of the testicle as malignant. They have been placed essentially in two groups: The Teratoma (Fig. 1) and Seminoma (Fig. 2). Their pathological morphology has been entered into elsewhere.[2] In Figure 3 will be seen the relative incidence of each type of tumor to age. Clinically, it is practically impossible to differentiate the type of tumor.

In view of the difficulties in diagnosis, the extreme malignancy of these growths and the simplicity of an exploratory examination, the interest of the patient demands that every testicular enlargement which is in any way suspicious, should be immediately inspected surgically and when necessary, its exact nature determined by microscopical study. Delay in these cases proves fatal.

TREATMENT

The treatment of benign tumors of the testicle may be briefly dismissed with a simple castration. The occurrence of benign tumors of the testicle is so rare, however, that it is essential to consider them all as malignant until proved otherwise. Our present knowledge of diagnosis, clinical course and

2 Hinman, Gibson and Kutzmann: The Radical Operation for Teratoma Testis. Surg. Gyn. and Obs., Oct., 1923.

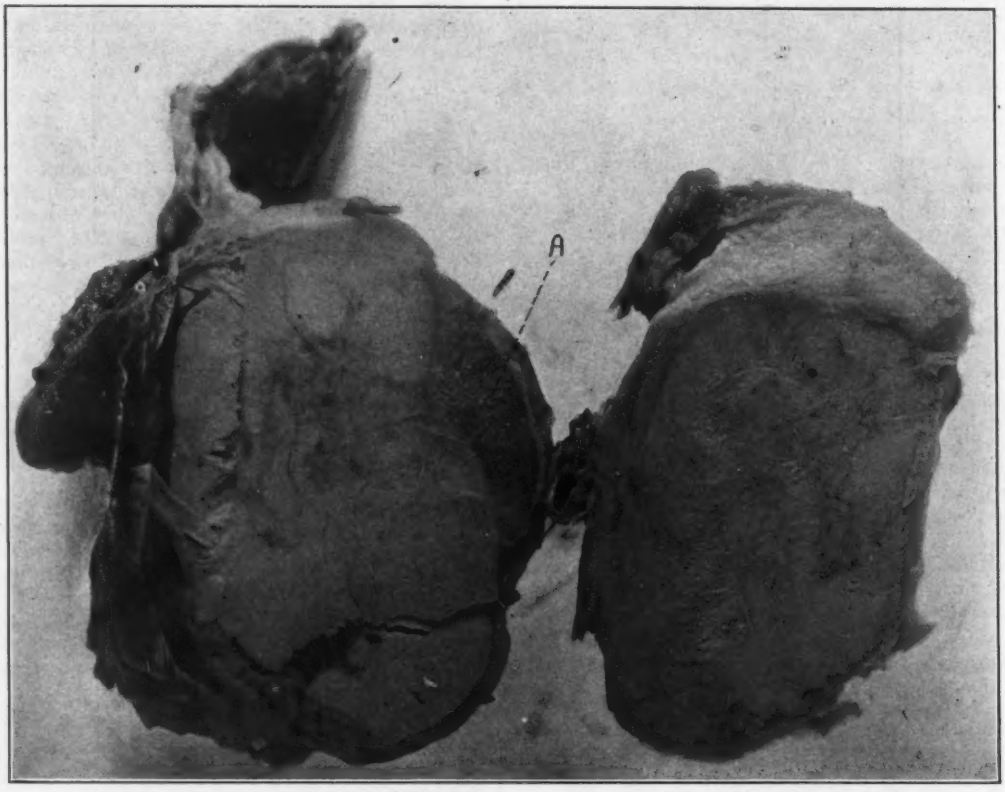

Figure 2—Photograph showing cross-section of typical seminoma of the testicle measuring 5x7 cm. Note characteristic solid, opaque, uniform structure. The right half of the specimen shows a narrow remnant of normal testicular substance (a) which has not yet been replaced by tumor.

prognosis of malignant tumors of the testicle emphasizes that an early and accurate diagnosis of every testicular enlargement is essential. In every case of reasonable doubt there should be no hesitation in exposing the tumor to surgical inspection and whenever necessary performing castration and subjecting the tissue to immediate microscopic examination by an expert pathologist. Hematocele and massive tuberculosis require surgery so that the only possible sacrifice by adopting this policy is that of an occasional gumma of the testicle. Too many malignant growths are apt to be neglected through the uncertainty of diagnosis. Repeated tappings and prolonged observation should be discarded in view of the simplicity of exploration.

The prognosis of tumors of the testicle is a poor one. We will briefly sketch through the present forms of treatment—castration, radio-therapy (radium and Roentgen ray) and the radical operation—and their results.

Castration even with an early diagnosis is a dismal failure. There is sufficient statistical data to show the procedure of simple castration is quite inadequate. It is obvious that this procedure in order to cure must antedate metastatic extension. This it has done only in about 15 to 20 per cent of cases, and the ultimate mortality of 80 per cent after this surgical procedure certainly is appalling. It is at once apparent that castration is very inadequate and must be supplemented by radio-therapy or more radical surgery if any betterment in results is to be achieved.

Radiation in itself has given anything but encouraging results, as evidenced by the work of Barringer and Dean in New York. They do report, however, one remarkable case in which there were large abdominal metastases, and the patient living and well three years and five months since having been first seen.

The Roentgen ray has also been used. Orbaan's (Holland) is the only available systematic study. Here we find reported nine cases, six of which are dead and the remaining are living with metastases. Of interest here also is a case of the senior author. Large retroperitoneal masses which were not palpable through a thick muscular abdominal wall were discovered upon retroperitoneal exposure. The patient received nine Roentgen ray treatments which have kept them stationary. He was seen recently by one of us and was found to be active and working, with no evidence of metastases and to have gained 30 pounds in weight since his operation 23 months ago. While the reports of radio-therapy are too few to prove or disprove its value, nevertheless, its use as a palliative measure in conjunction with surgery as curative seems justified by the few brilliant results recorded.

The poor results following castration have stimu-

lated surgeons in this country and elsewhere to apply the well-recognized and fundamental principle in the treatment of malignancy, namely, the removal of the growth with its draining lymphatic area; in this case it is the testicular tumor and the retroperitoneal iliac and preaortic lymph glands. An analysis of the findings and results of this extensive procedure appears elsewhere.[3] We believe that a period of four years or more has elapsed in a sufficient number of cases to prove its merits, the results over castration having been improved by 100 per cent.

It is, therefore, seen that, as soon as the diagnosis is once established, one of two lines of procedure should be instituted; either a palliative course of treatment by castration supplemented by radium or Roentgen ray therapy in cases with palpable abdominal masses or an wholehearted attack of the problem by removing the primary growth with radical resection of the draining lymphatic area.

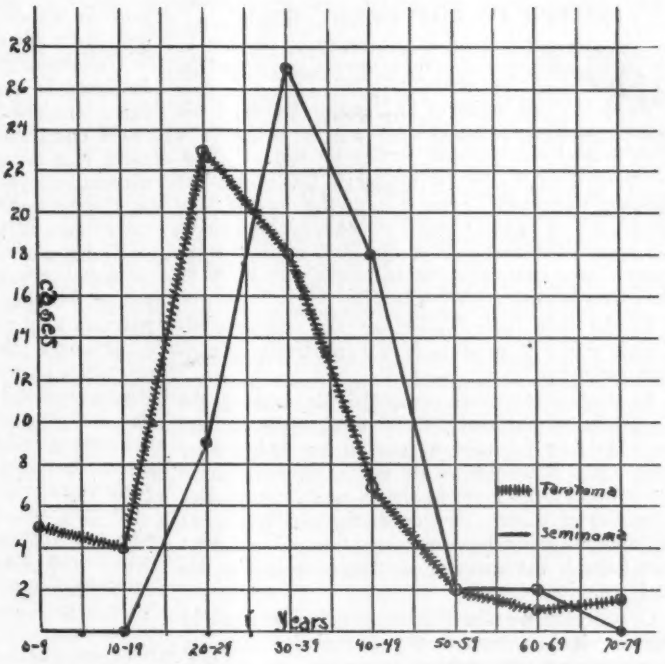

Figure 3—Chart (from Chevassu) showing age incidence of seminoma and teratoma. Note that there are five teratomas under the age of 5 years; no seminomas under the age of 20 years, and only one under 27 years.

A certain number of cases coming for treatment will have clinical evidence of abdominal metastases. The radical operation should not be attempted in these cases because experience has proven them inoperable. Radium packs and Roentgen ray therapy as used by Barringer or Orbaan should be attempted with the hope of checking the malignancy and prolonging the patient's life. In all other cases showing no clinical evidence of metastases, the treatment should at once be radical.

Unfortunately, some of these cases will have inoperable retroperitoneal masses revealed at operation. Such cases will then have to be treated palliatively with radium and Roentgen ray. Radiation of the open wound at the operation table is a commendable procedure in these cases, as well as in those in whom the radical resection has been successful. The group for radical surgery will become larger as diagnosis becomes earlier and more accurate.

A small number of cases might be cured by simple castration, provided metastases have as yet not taken place, but because of the impossibility of recognizing them clinically, they should, in the interest of the majority, be unhesitatingly exposed to the risk of radical surgery. The immediate mortality is less than 10 per cent, and will undoubtedly diminish as more knowledge and experience of the operation is obtained.

[3] Hinman, Gibson and Kutzmann: The Radical Operation for Teratoma Testis, Surg. Gyn. Obs., Oct., 1923.

SUMMARY

1. Tumors of the testicle affect all ages, but are most common between 20 and 50 years. The seminome occurs rarely in children, while the teratoma is the more frequent. Duration of these tumors is variable due to the frequency of periods of latency and quiescence in their development. The duration of the growth or its clinical characteristics furnish no index as to whether or not metastases have occurred.

2. Diagnosis is chiefly a matter of exclusion. Hydrocele, massive tuberculous epididymo-orchitis, and gumma offer the chief difficulties in differentiation.

3. From the pathological standpoint, malignant tumors of the testicle are clinically best divided into two groups—seminomas and teratomas.

4. Simple castration cures but 15 to 20 per cent of malignant tumors of the testicle. From statistics on castration (Chevassu) the teratoma gave a less favorable prognosis.

5. The inefficacy of simple castration has led to the development of the radical operation—complete resection of the primary growth and its draining lymph area. The radical operation at present has already improved the results by 100 per cent—(15 to 30 per cent).

6. Radio-therapy appears to be a valuable therapeutic and palliative adjunct in the treatment of malignant tumors of the testicle.

GOITER IN THE GREAT BASIN

By GEORGE W. MIDDLETON, M. D.
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From the standpoint of incidence of goiter, Utah and the contiguous States show a great variation in their widespread, sparsely settled territory. Thus, in the Virgin Valley of Southern Utah, it is so common that fully 75 per cent of the women have some form of thyroid enlargement, and because of the isolation of that part of the State some of these women have enormous goiters, which they carry to their graves untreated.

In the Salt Lake Valley, on the contrary, although goiter is present, it is a relatively uncommon condition.

In geological times, a considerable area of the Great Basin was occupied by an immense inland sea. At first this was a fresh water body larger than Lake Michigan, with an outlet into Snake river probably as large as the Niagara river. But as aridity of climate developed, the outlet was cut off, and the great lake became saline. The Great Salt Lake is the remnant of that once mighty inland sea.

Considering the distribution of goiter as a world problem, it does seem that the proximity of saline waters confers comparative immunity. As one follows the narrowing periphery of the great prehistoric body of water which once occupied these mountain valleys, the incidence of goiter gets less and less the nearer you approach the vanishing point, which is the Great Salt Lake. This is no doubt due to the fact that salt, as it occurs in nature, nearly always carries a certain percentage of iodine, and the saline content of soil, and of vegetables that grow from soil, increases as you approach their most recent deposit.

Whatever the cause of goiter, whether iodine deficiency or the presence of iodine reducing bacteria, Utah furnishes abundant evidence that it is associated with drinking water.

I know personally of two families, in parts rather widely separated, in each of which two girls had reached their later teens without developing goiter, but in each of which goiter rapidly developed when they changed their abode only a few miles and went into a goiter district for the purpose of attending school.

In St. George, a town of Southern Utah, with a population of approximately 3000, goiter was quite unusual for more than half a century from the time of its founding, until a water system was installed and the Cottonwood water diverted from the Pine Valley Mountains. Since the advent of this new water supply many women are developing goiter, and what was for a long time an immune district has now become an endemic goiter region.

In an incomplete survey of Iron County, Dr. M. J. Mcfarlane reports that approximately 44 per cent of school children in the grades have goiter, and Dr. O. Sundwall reports that goiter is very prevalent in Sanpete County. The capriciousness of the geographical distribution of goiter is indicated by a report from Dr. Curtis, who found 6 per cent in school children of Payson and 67 per cent in school children of Santaquin, two towns only six miles apart.

Unfortunately, no comprehensive data of goiter incidence is available, though such information is being obtained by various agencies.

Of our own 213 cases embraced in this report, there is a distinct tendency to incidence in certain distinct valleys, though the majority of the counties in the State are represented, and a number have come from adjoining States.

These observations are isolated and not controlled, but suggest that in this Rocky Mountain region the next few years may develop facts of importance in the knowledge of goiter.

Although this sparsely settled intermountain country does not furnish materials for large goiter clinics, as the Great Lakes country does, we have our due proportion, and our experience shows that the same principles as to causation, variety, percentage of toxicity, and results of greatment obtain with us as with other people.

During the last two and a half years we have seen and treated 213 cases of the various types of goiter, not including hypothyroidism or the inflammatory conditions. Of these, 75 were of the toxic variety and 138 of the non-toxic type. Of these cases, 111 were treated surgically, 128 operations, including ligations, being performed on them. The remainder, largely of the colloid type, were not operated.

SURGICAL MORTALITY

Upon these 111 cases, 111 thyroidectomies and 17 ligations were performed. There were no deaths from ligation, and two deaths, or 1.8 per cent, from the thyroidectomies.

Sixty-nine per cent of these cases were toxic, and many of them extremely toxic. Of the two deaths, one was a case of simple goiter developing tracheal collapse some hours after the operation. Apparent symptomatic improvement detered us from doing the tracheotomy which might have saved her life. The other fatal case was a severely toxic one which failed to respond in the least to weeks of rest and medical treatment. As she was going from bad to worse, the operation was done as a last resort.

In this series there were two cases so toxic we dared not operate them. One of these cases refused to submit to a long period of preoperative treatment, and died later after operation at the hands of another surgeon. The other died in the hospital without operation, showing marked gastrointestinal symptoms, with jaundice and cardiac failure.

RESULTS OF SURGICAL TREATMENT

Of these 111 operated cases, we have been able to secure reports from 70 cases at intervals after operation varying from two months to two and a half years. In the big majority of the cases the results were striking and the patients most grateful. Nothing more dramatic has occurred in our experience than the physical and mental change that comes over the subject of hyperthyroidism in the few weeks following a successful thyroidectomy. One sees the woman who was an emaciated nervous wreck, with palpitating heart and trembling hands, transformed into a normal person,

with vitality restored and the joy of living reflected from her countenance.

The replies from these 78 patients may be summarized as follows:

	No. of Cases
Cured of goiter—health entirely restored	38
Greatly benefited	18
Benefited	13
Benefited, but some return of goiter	1
Died after operation	2
Unable to secure report	22
Not improved	3
Too recent to report	11

Gain of weight was striking in the successful cases, averaging 20 pounds; one gained 60 pounds.

Of the three cases that claimed no improvement, one, although gaining in weight, complained of menorrhagia and suffered from focal infection in tonsils and sinuses, and the other two had complicating conditions which marred the picture.

A few of the cases reporting moderate or marked improvement from thyroid surgery were still not in perfect health. It is our impression that focal infection, which in the borderline thyroid cases may make the thyroid diagnosis doubtful, may persist after a successful thyroidectomy and prevent a perfect return to health. No post-operative goiter case presenting signs of focal infection should be allowed to get entirely away from observation until the bacterial focus has been cared for.

PREOPERATIVE PREPARATION

We have come to feel that the most important factors in preparation for operation are a period of rest in bed and fluids to the limit of the absorbing power of the patient. We give calcium carbonate for the possible prevention of post-operative tetany. More recently, following the lead of Plummer, we have been giving Lugol's solution, but the period of its use has been too short to arrive at any conclusions as to its value. Except in those cases showing objective cardiac failure, preoperative digitalization has seemed of little value. In one case with non-paroxysmal auricular fibrillation quinidine was used to restore normal rhythm before operation.

SURGICAL TECHNIQUE

In the very toxic cases we attach considerable importance to the form of deception first announced by Crile, of taking the patient to the operating-room under the anesthetic, without letting her know that she is to be operated. We have tried operating in the patient's room, but have concluded that, unless one is doing enough of the very hazardous cases to develop good team work with the force on the floors, it is better to take the little extra time and transport the patient to the operating-room.

Following the lead of Crile, we have used the method of giving the amount of nitrous oxide gas and oxygen to produce analgesia, and supplementing with ½ of 1 per cent novocain used locally. The patient is thus carried through the operation without loss of consciousness, except possibly for a brief period of time when each separate lobe is being elevated.

We have nearly always divided the neck muscles transversely, and believe we get the best exposure in that manner.

We are convinced that safety in operating on the thyroid depends upon a few fundamental things: First, careful selection and preoperative preparation of the patient; second, thorough comprehension of the anatomy, and third, good team work on the part of the operating force.

In the "Wild West" we used to speak of men who were "quick on the trigger." Only that type of mentality which is quick on the trigger should attempt goiter surgery.

We have had our full share of the hemorrhagic type of goiter, and I know of no condition that can make a greater demand upon the alertness and resourcefulness of a surgeon. To have tissues crumble at every touch, and well out blood in an avalanche from every conceivable point, is a spectacle to try the stoutest heart. We have only two suggestions to make to the surgeon confronted with such a predicament; first, the almost reckless disregard of consequences in dislocating the lobe from its bed, and second, after dividing the isthmus, to mattress through from side to side each separate bloc of tissue before separating it from its posterior attachment.

We believe that the frequent observation of blood pressure and the general condition of the patient, by a competent observer, throughout the operation, has enabled us to stop in time several operations where life was threatened by shock or hemorrhage; in these cases gauze-packing was applied, and the operation not completed until the next day.

We feel sure that this procedure has materially lessened our mortality.

As we look over our own results, we do not seem to have gotten such striking improvement from preliminary ligation as one is led to expect from a perusal of the literature. In fact, considering the added complication of adhesions, and the delay and expense to the patient, I am convinced that primary thyroidectomy would have been better in a number of our cases. Of course, some of them are so bad that one turns to anything that will break the brunt of a difficult shock-producing operation. But we shall do more primary thyroidectomies in the future.

POST-OPERATIVE COMPLICATIONS AND TREATMENT

Post-operative hemorrhage has been infrequent, but occasionally serious enough to lead us to have all suspected cases typed for transfusion prior to operation. Hyperpyrexia has occurred in only two cases; here the application of chopped ice and copious intravenous fluid infusion seemed of great value. Tetany in greater or less degree occurred in three or four cases. Calcium seemed to control the symptoms at once, and there was no serious consequence. Paroxysmal auricular fibrillation has been not infrequent. Quinidine has been of value in its treatment. In one case an apparently permanent fibrillation occurred after operation; normal rhythm was restored by quinidine, and is maintained six months after operation.

Perhaps the most interesting condition after

operation is that described of late as hypoglycemia. In five cases this clinical picture developed. The urines showed the presence of much acetone and diacetic acid. Unfortunately, at this time we had not begun to make blood sugar or carbon dioxide determinations, but the relief from intravenous glucose, as in the Johns Hopkins cases, was very striking.

NON-OPERATIVE TREATMENT

In a few cases of toxic goiter we have tried X-ray treatment, but without much effect. The medical treatment of the non-toxic (colloid) type in young people by means of iodine has been very gratifying, in a few cases surprisingly large goiters melting away. But we learned that we were too impatient for quick results, and that cases apparently not improved at first would show great improvement if seen a few months later.

We are much interested in the preventive work done by Marine and Kimball, and adopted more recently by the Swiss Government. Heber J. Sears, of the Department of Hygiene and Preventive Medicine of the University of Utah, is going into a survey of three of our most involved counties, and a detailed effort will be put forth to adopt Marine's plan of prevention.

T. B. Beatty, chairman of the State Board of Health, is bringing an expert from the Rockefeller Institute to make a survey, and take into consideration a campaign for the application of preventive measures.

Maccarison has said that 5 per cent of children born of goitrous mothers will be cretin imbeciles. We are recommending all pregnant women to take the same small preventive quantity of iodine that we are giving school children, in the belief that in this way some cases of imbecility may be avoided, and the unborn child may be started on its course with a properly functioning thyroid.

We are fully aware of the fact that in these sparsely settled districts we cannot speak with the authority that comes from the study of large numbers of cases, but so far as our experience goes we are essentially in accord with the deductions drawn from the larger studies. We are zealous advocates of the surgical treatment of all forms of toxic goiter, and of all those which will likely become toxic, or which otherwise are pathological. We are also enthusiastic over the preventive treatment and of the medical treatment of goiters which are not surgical, especially in children and young adults.

Left Superior Cervical Sympathectomy Under Local Anesthesia in Angina Pectoris—In the case reported on by Jay Harvey Bacon, Peoria, Ill. (Journal A. M. A., December 22, 1923), there has been effected a complete relief from all severe symptoms. The results have justified the means used in this case, and Bacon regards the operation as a justifiable procedure in those severe cases of angina pectoris that do not respond to rest and diet and the administration of nitrites. The incision over the anterior border of the sternocleidomastoid muscle gives a quick easy approach, and it may be safely attempted under local anesthesia when the condition of the patient will not justify the use of a general anesthesia.

SPONTANEOUS PERIRENAL HAEMATOMA

CASE REPORT WITH COMMENT

By LEON JOSEPH ROTH, M. D., Los Angeles

J. B., male, age 48, cement worker by trade, entered St. Vincent's Hospital, Los Angeles, December 29, 1922, complaining of severe back pains and recurrent presence of blood in the urine. He was thin and cachectic and so weak he could barely walk.

Temperature, 98.6; pulse, 110; respirations, 22; blood pressure, S-112 D-100; blood count, reds 3690000; whites, 18285-14628. Hemoglobin, 60-65.

Past History — Usual diseases of childhood, typhoid fever and rheumatism. The arthritis is now becoming more noticeable in the elbow-joints. About ten weeks ago he was given serum treatment for rheumatism, which caused some digestive disturbances and vomiting. Patient denies venereal diseases. Cervical lymphatics (presumably tuberculous) have been removed. Fracture of the skull, 1919, is reported by the patient. Apart from these conditions he has been in fairly good health and has been doing light work. Although previously constipated, he has had diarrhea for the past few days. Appetite poor due to alleged stomach disorders. Sleeps poorly. Does not drink, smoke, or use drugs.

Chief Complaint—Dull and continuous pain in small of back on both sides for past three weeks. Pain does not radiate, usually appearing toward evening, persisting through the night and disappearing about daybreak. No associated nausea or vomiting, although has had emesis independently of pain. He does not know when blood first appeared in the urine. He says urine has been clear at times, and at other times there is a recurrent "total" haematuria. Denies any trauma whatsoever. There is no dysuria. Nocturia, previously absent, has persisted since beginning of back pains. Apart from this no further definite information is obtainable. The more or less constant complaint is of very severe pain in the lumbar and left hypochondriac regions.

Physical Findings — Pupils dilated, slightly irregular, but react readily to light and accommodation. All teeth out; scars on both sides of neck from previous adenophathies, and one large anterior cervical lymphatic present. Chest symmetrical, good expansion; resonant throughout; no rales, No enlargement of the heart. Sounds loud and regular; slightly roughened first sound at apex, not transmitted; aortic second sound markedly accentuated, probably due to arteriosclerosis. There is decided muscular resistance and tenderness in the epigastric region and left hypochondrium; soreness along the spines of lumbar vertebra. The knee-jerks, tricipitals, bicipitals, and achilles are absent. Babiniski reaction not present; Wassermann reaction negative. A working diagnosis of malignant kidney was made.

Progress Record—The patient was kept under observation to note the persistence of haematuria and pain and secure the temperature record. On

January 1, 1923, pathological disturbances in the kidneys are still apparent and complications were suspected. However, the patient was too weak for special urological examination.

January 4 — Relative diminution of resonance over left chest was noted; heart displaced slightly to the left, with a systolic murmur best heard in pulmonary valve area. The abdomen was quite rigid throughout; nothing can be made out on palpation except vague tenderness. On this date the knee-jerks were not obtainable. The patient was very ill. There is marked weakness and a certain amount of dyspnoea; holds himself very rigidly and complains of pain in lower spine and in thighs when moved.

January 5—There was a severe attack of pain in the left hypochondriac region running through to the back. This pain resembled a kidney colic. The temperature dropped to 95; in shock; perspiring freely; morphine required.

January 6—There was a second attack of pain in left kidney region, but not so severe as the first attack. There was a marked rigidity, in left hypochondrium and in the back at same plane, with tenderness both superficial and deep. The left lung shows numerous rales throughout and an increase in the area of dullness. The heart murmur has increased in intensity and is rough in quality.

January 9—The patient had another attack of acute pain in the left hypochondriac region. It is possible for first time to palpate indefinitely a mass in left side of the abdomen, but no borders can be made out.

January 10. — Fluoroscopic examination of the G. I. tract was negative.

January 11—The mass in the left side of the abdomen can now be more definitely appreciated. It extends from the margin of ribs above and deep in to below iliac crest and over almost to the midline of the abdomen. It cannot be moved and is tender to deep pressure.

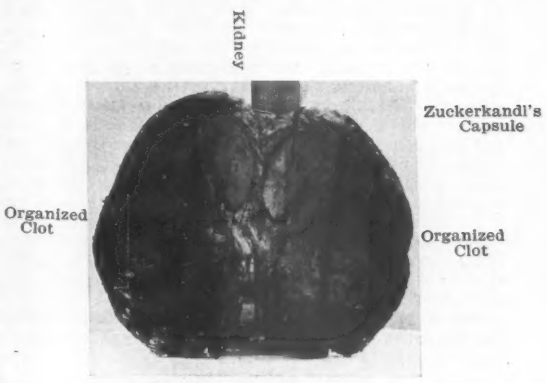
January 13—The patient's general condition is slightly better with less pain.

January 15 — Slight general improvement continued. Diagnosis has not been possible on account of fear of collapse if cystoscopy were attempted. There was a leucocytosis and a rise in temperature to 100. The patient suffered from two severe attacks of acute pain in the left side of the abdomen during the night. It required two injections of morphine to relieve the pain. During the morning of January 16, the patient suddenly began to fail. The pulse became thready, respiration shallow, and death occurred within the hour.

NECROPSY BY DR. C. W. BONYNGE

No other gross pathology noted apart from large flat left kidney, which is completely surrounded by partly fresh and partly old laminated clots; all contained within Zuckerkandl's capsule and replacing perirenal fat.

The kidney structure shows absence of definite pyramids and has appearance of fibrous nephritis. The entire mass is about the size of an infant's head. There are loose clots and fluid blood in left iliac fossa caused by leakage through bottom of capsule. No evidence of pathological lesions that would indicate origin of hemorrhage.



Perirenal Haematoma.

COMMENT

Taking into consideration all of the findings in this case, supplemented by failure, after careful search, to detect any pathological lesion responsible for the hemorrhage, it seems proper and reasonable to classify it as a spontaneous perinephritic haematoma.

Essentially a lesion of some variety existed, but in the limited number of reported cases, as in this, the predisposing factor escaped observation. There was no evidence of lithiasis, neoplasm, tuberculosis, aneurism, suprarenal disease or haemophilia. A nephritis of fibrous type was present.

A venturesome explanation might be the rupture of a small sclerotic artery. The right kidney was normal.

A correct diagnosis during the early stage of the disease was practically impossible, and at the time when this might have been made the patient's condition was so grave as to forbid an examination.

927 Pacific Mutual Building.

DISCUSSION

W. W. Cross, M. D. (Fresno)—Upon examining kidneys, which have been the source of hemorrhage into the urinary tract, it is often impossible to find the source at any particular portion of the kidney substance examined. This is true in kidneys with decided gross pathology. In those that have for years been the seat of disease, in which colon infection is usually present, the process having a range of involvement from a portion of one kidney to the entire organ or to an involvement of both sides may be present. In such kidneys copious hemorrhage may be an initial symptom leading to a study which uncovers a marked chronic disease. Observation made during the study of such cases reveals distortion of the kidney pelvis, frequently attended with changes in the ureter. The cortical area is always reduced in size, cysts are frequent, while connective tissue production varies. In many instances an acute nephritis has been grafted upon the process immediately before the specimen is obtained.

The description of the gross specimen in this case is not sufficient for one to draw a very decided opinion. Some help should be derived from a study of sections made for microscopical examination. The fact recorded in the necropsy that the capsule had an opening through which fluid blood had leaked is suggestive as a possible explanation for perirenal hemorrhage. The pyramids in the specimen have

to a decided extent lost their form, demonstrating an old process. Whether perirenal hemorrhage has been observed or described in such cases matters not, for it is quite within the realm of possibility for such hemorrhage to come to the surface of the kidney. The trauma that would be necessary to bring such a condition to pass as described need not be severe. Statements on the part of the patient regarding injury are frequently misleading. Diseased kidneys in which the producing activity of the connective tissue elements have not been stimulated to a great extent are easily wounded and require a slight amount of injury to produce hemorrhage. Blocking of the ureter following slight trauma could easily force blood from a hemorrhage through the parenchyma of such a diseased kidney. That the hemorrhage in this case is one from a kidney which has been the seat of disease for many years is conclusive.

Charles P. Mathé, M. D. (Phelan Building, San Francisco)—In the case presented in this report one notes the history of backache, pain and resistance in the left hypochondriac and lumbar regions associated with recurrent attacks of hematuria of three weeks' duration. Following an attack of shock in which the pulse became accelerated and the temperature diminished rapidly, a growing tumor was noted to appear in the left hypochondrium, increasing to such a size that it filled the space between the ribs and the iliac crest and extended to the midline. The rapid increase in size of the tumor might suggest a fairly large renal hemorrhage in which the blood became encapsulated within Gerota's fatty capsule.

The case illustrated two points: (1) The consensus of opinion of the inadvisability of making complete urological studies on extremely debilitated patients, and (2) the question of early surgical intervention in the case of severe renal hemorrhage.

Some surgeons advise against surgical intervention to control renal hemorrhage in extremely debilitated cases. Others maintain that the occasional beneficial result in these cases is worth the chance. In 1921 Bugbee reports an operation on a case of carcinoma of the left kidney associated with a large calculus which had severe hematuria. The pulse was 130 and of poor force and volume, and the hemoglobin 30 per cent. However, the hemorrhage was controlled and the patient's life prolonged by nephrectomy. However, as the patient has nothing to lose and much to gain, it may be well to attempt a quick, clean nephrectomy in these cases in order to control exsanguination.

Pathological examination of the kidney revealed a definite pathological lesion, fibrous nephritis which had existed a sufficient length of time to cause a distortion in the arrangement of the pyramids. This lesion could cause a small microscopical hemorrhage of the kidney parenchyma which forced its way through a poorly developed kidney capsule. The determination of the rupture of a small sclerotic artery or an area of hemorrhage in a chronic nephritic kidney can often only be made by a thorough microscopical examination of the kidney. Because of the presence of blood in the urine the hemorrhage probably passed through the renal parenchyma and perforated the pelvis.

Doctor Roth (closing)—The description of this tumor is intended as a contribution to the sparse literature on the subject. The gross specimen is unquestionably a pure perirenal haematoma of long standing. I think the leakage into the left iliac fossa was due to an acute hemorrhage which ruptured the attenuated proper capsule of the kidney or broke through the anatomical opening of Zuckerkandl's capsule. The pelvis could not have been ruptured because haematuria was not constant and not always coincident with the external bleeding.

It is regrettable that the photograph was not seen by Cross and Mathé. Cross justly states that the description is not sufficient to permit of drawing a decided opinion, and Mathé brings up the vital point regarding intervention, and no doubt feels in such cases that whatever is done is wrong. I think that, apart from the laboratory findings regarding hemoglobin, etc., the physical appearance and condition of the patient is of great value in making a decision as to whether or not to explore.

How One Rural Community Maintains an Efficient and Economic Laboratory Service—Pomona, Calif., has a population of 15,000 and Pomona Valley another 10,000, who are attended by about 30 educated physicians. This territory is served by the Pomona Valley hospital, located at Pomona. This hospital has a normal capacity of 40 beds and a daily average of about 25 patients. The hospital is dependent absolutely upon the fees collected from patients for its maintenance. There is no staff, and patients are accepted only in charge of their own physician, who must be a licensed doctor of medicine, graduated from an acceptable medical university. The hospital assumes no dictation in the treatment of any of its patients, except that they must be treated by an educated physician. The hospital does not provide any laboratory service nor an anesthetist. These latter problems are handled as follows:

By a mutual agreement, each physician pays into the laboratory a fixed sum each month, in return for which he may send in all the laboratory work he wishes. Each physician makes such charge to the patient for this service as he deems proper and looks after the collection of the same. Whenever the record of his work at the laboratory shows that he is not paying a sufficient monthly stipend, this is increased by mutual agreement, according to the records for perhaps six months previous. In the same way the doctors have mutually agreed to engage the pathologist for all their anesthetics, for which the pathologist must make his own charges and collections. As a matter of courtesy, we usually see to it that these bills are the first to be paid by the patient.

The pathologist equips and maintains the laboratory, and the hospital rents him the necessary rooms at a minimum charge. All the ordinary tests are made in the laboratory and an affiliation with one or more of the large city laboratories enables our pathologist to engage their services in occasional instances where unusual and intricate procedures may be necessary.

This plan has worked so successfully and harmoniously for the past ten years that we should be very reluctant to give it up under any circumstances. —Joseph K. Swindt, M. D.., Better Health.

One Year of Common Colds and Associated Infections—In discussing this subject the Metropolitan Life Insurance Co., in its Statistical Bulletin of November, 1923, gives the following figures: The amount of absenteeism in large business and industrial establishments due to minor illnesses is seldom appreciated until the facts are thoroughly reviewed. The common "colds" are among the chief sources of lost time. In a group of about 6700 clerical employes of the Metropolitan Life Insurance Co. at the Home Office, during the 52 weeks ending July 28, 1923, 2824 "colds" which involved disability for work were reported to the Medical Division, which cares for the health of the clerical staff. These disabling affections occurred at a rate of 420.7 per 1000 employes for the year. The average days of disability for this illness per person on the payroll for the year was .9, and the average days per case were 2.2. In all, there were 6233 days lost in the year from these conditions, which included head colds or coryza, acute bronchitis and tracheitis. Other associated conditions were excluded because of the impossibility of determining in how many cases they were associated with common colds.

INCIDENCE OF INTESTINAL PARASITES

By MARSHALL C. CHENEY, San Francisco
(From University of California Medical School.)

Attention has been drawn recently to the prevalence in temperate climates of amebic dysentery, as well as less disabling parasitic infections of the intestine. In order to ascertain the incidence of these infections in San Francisco and the Bay region, it was decided to examine the stools of 1000 cases of all sorts, both medical and surgical, following the technic of Kofoid and Swezy. During the two years (May 1921, 1923) in which this series was being collected and analyzed, preliminary reports were given out from time to time (Medical Clinics of North America, September, 1922, and June, 1923). In this paper the entire number will be considered.

Table 1. Pathogenic Parasites in 1000 Medical and Surgical Cases

E. Histolytica—	
Acute dysentery	13
Chronic or carrier	36
Giardia	34
Chilomastix	35
Trichomonas	17
Balantidium coli	1
Craigia	3
Spirochaetosis	3
Hookworm	11
Ascaris	6
Strongyloides	3
Oxyuris	2
Total cases	164

Per cent, 16.4.

Taking all the parasites to which even the slightest pathogenicity has been assigned, it is seen (Table 1) that there were 164 cases. This gives an incidence of 16.4 per cent, but a somewhat lower figure would be more nearly correct, because some of the patients were referred for examination on account of suspected parasitic disease of the intestine, and so did not come in the "ordinary run" of a general practice.

Table 2. Non-Pathogenic Parasites in 1000 Medical and Surgical Cases

E. coli	65
E. nana	28
E. councilmania	13
Trichiuris	10
Blastocystis	innumerable

Harmless parasites of the intestines are encountered even more frequently than the pathogenic varieties (Table 2). These must be recognized, because resemblance to pathogens may lead to an incorrect diagnosis, followed by useless or even harmful treatment. We have included E. councilmania infections among the non-pathogenic varieties, even though there is some evidence that the parasite occasionally produces an ulcerative colitis. It is very difficult to differentiate this ameba accurately from E. coli, and usually no symptoms can be definitely ascribed to its presence in the intestine. Trichiuris in large numbers may produce symptoms, but as ordinarily encountered nothing can be attributed to the worm. Blastocystis is present in at least 50 per cent of the specimens examined. It is of little or no importance, except that it may be confused with amebae or even flagellates, or may mask the presence and hinder the detection of really pathogenic parasites.

Table 3. Mixed Parasitic Infections in 1000 Medical and Surgical Cases

Combinations of amebae, flagellates, and worms, all pathogenic	8
Combinations of pathogenic and non-pathogenic	19

Mixed infections are fairly common (Table 3). When more than one pathogenic parasite is present in the intestine, it may be difficult to assign the agent of the symptoms. When non-pathogenic parasites are present, together with one or more harmful varieties, the real source of the symptoms may be entirely overlooked, unless very careful stool examinations are made. In general, however, the parasite that was responsible for the symptoms, or at least its cysts or ova, was found in enormous numbers in the stool.

Table 4. Stools of Non-Parasitic Cases

	Normal	Abnormal
Gall-bladder disease	32	0
Peptic ulcer	28	0
Chronic appendicitis	11	0
Acute appendicitis	2	0
Colitis	9	0
Visceroptosis	10	0
Pernicious anemia	6	0
Pelvic disease	7	0
Arthritis, all forms	14	0
Epilepsy	11	0
Carcinoma of stomach	1	4
Carcinoma of colon	3	3
Pellagra	3	1
Cholangitis	2	0
Cirrhosis of liver	2	0

With the exception of flagellate disease in children, all the patients with so-called pathogenic protozoa or helminths in the intestine had symptoms referable to the parasite. Those infected with non-pathogenic parasites had no such symptoms and their stools were normal, unless there was a non-parasitic lesion of the gastro-intestinal tract. Patients with well-defined disease not due to protozoa or worms at times had symptomatology suggesting intestinal parasites, but their stools were generally normal (Table 4), except in ulcerative conditions of the colon, or with bleeding lesions higher up.

Table 5. Results of Blood, Urine, and Wassermann Tests in 100 Cases

	Negative	Positive
Blood Wassermann test	95	5
Urine (routine tests)	85	15
Blood (routine wc, reds, hgb, smear)	85	15

To see whether routine examination of the stool gave results commensurate with the findings in routine blood and urine examinations, the percentage of "positives" in the last hundred cases of all sorts entering the office for diagnosis was plotted (Table 5). It is evident that abnormalities are not found any more frequently in blood and urine than in the stool. This is an argument for routine examination of the stool. The more complicated tests should be left to special technicians and com-

mercial laboratories, as in blood and urine examination.

CONCLUSION

Disabling disease of the intestine (amebic dysentery) and minor diseases due to pathogenic protozoa and helminths are fairly common (10 to 15 per cent of all cases in general practice). Routine stool examination is the sole means of absolute diagnosis of these infections, and requires no more time than the ordinary routine blood and urine tests.

210 Post Street.

DISCUSSION

Alfred C. Reed (350 Post Street, San Francisco)—It is a pleasure to know that the human protozoa are receiving careful study in California, and that their importance is being recognized. Such a report as this is striking confirmation of the belief that we have been overlooking an important clinical field. The protozoa are difficult to recognize and do not produce characteristic symptoms. I am inclined to differ with Cheney in one particular, rather in his statement than in what I believe to be his intent. This is in regard to the pathogenicity of the flagellates and amebas of the human intestines. We hardly are familiar enough with these organisms yet, and study of them is too difficult to permit us to assume a final knowledge of their clinical and pathologic results. It seems to me safer to consider that all the protozoa, at least potentially, may be harmful though in a varying degree, of course, and often in proportion to the mass of infection. The judgment as to whether treatment should be instituted requires nice study in each patient. As Cheney says, it is often useless and may be harmful. In our series at Stanford and in private cases, we have found a majority of E. histolytica patients complaining of constipation and not of diarrhea. Nor is a history of dysentery or even of diarrhea obtainable in all patients who harbor histolytica. Protozoal infestation can no longer be regarded as a purely tropical affection. An incidence such as indicated in the paper under discussion demands attention. This is the situation in California. We very much need careful studies correlating the presence of protozoa with pathology and especially with clinical symptoms of disturbed physiology. Intestinal protozoa can injure the body in various ways other than that reflected by a diarrhea or dysentery. It is probably with these less obvious methods of damage that we have chiefly to deal clinically in California and temperate climates.

John V. Barrows, M. D. (Chapman Building, Los Angeles)—This paper is of particular interest and importance, because it considers intestinal protozoa of all kinds. It is of great value, because it studies these organisms in their relationship to disease generally.

A brief discussion permits only fragmentary remarks which I shall direct chiefly to the tables compiled. The incidence of 16.4 per cent is only slightly lower than given in my article before the society in 1921. However, I find the chilomastix by far the most predominating organism in my series of 750 protozoan infested cases.

The classification of non-pathogenic parasites is a subject of considerable disagreement among clinicians and protozoologists. It would be very difficult to prove that the parasites enumerated in Table 2 are "non-pathogenic." I think Musgrave rightly said, "They are a heap in bad company."

Table No. 4 is certainly based on inadequate analyses. In recent years I have seen no cases of colitis, pernicious anemia, or chronic arthritis in which I could call the stools normal. I desire to add that most cases of chronic appendicitis, epilepsy and such skin manifestations as pellagra on the average have very abnormal stools.

Table No. 5 stresses very nicely the need of routine stool analysis. I believe I am able to add that these infections, when marked by a fair degree of toxemia, show a helpful diagnostic blood picture. The haemoglobin and red cell count are low. The total leucocytes are depressed in number to a fair degree of leucopoenia, unless there is some intercurrent infection. The polynuclear cells are definitely decreased. The total mononuclear percentage is decidedly increased. A typical picture approximately runs: Hb. 70 per cent; wbc. 6000; rbc. 3,400,000; polynuclears, 50 to 55 per cent; monos, 45 to 50 per cent.

Cheney is to be congratulated on having given to the medical profession a very valuable piece of work.

M. C. Terry, M. D. (921 Consolidated Building, Los Angeles)—Cheney's interesting paper, and particularly his Table No. 1, showing 16 per cent of intestinal parasitism in the ordinary run of unselected cases in a general practice, has led us to go over our files to see what per cent of the requests on our laboratory are for stool examinations. We find it has been 2½ per cent in the last two years.

Our percentage of positive findings is higher than in Cheney's table, as would be expected; the last 100 cases, not counting cultures and other special requests, and not counting repeated examinations in the same case, have shown 30 per cent of protozoan or helminthic infection.

For comparison we collected the last 500 Wassermann tests, exclusive of those from hospital and group practice where the test is made routinely, and we found that these made up 37 per cent of our work. These 500 Wassermann tests gave us 20.7 per cent of positive results (three plus and four plus), while 135 Wassermann tests done routinely from a general practice, during the same period, gave us 5.2 per cent of positives.

Herbert Gunn, M. D. (350 Post Street, San Francisco)—Cheney's very interesting paper, the result of an enormous amount of work hardly appreciable by one who has not made this sort of examinations himself, emphasizes two very important and generally unrecognized facts; first, the prevalence of various parasites in the intestinal tract and, second, the value of routine stool examinations as compared with routine blood and urine examinations.

The term "amebic dysentery," as generally used to cover all amebic infections of the intestinal tract, is a misnomer and should be discarded, as it implies the presence of an intestinal flux which generally is not present.

One not infrequently hears the excuse given for failure to examine a stool that the patient gave no history of having had a diarrhea or dysentery.

Intestinal amebiasis, a name given it by Musgrave many years ago, is far more correct. This may be supplemented by the terms, with dysentery, acute, chronic, carrier, etc.

The classification of the flagellates with the pathogenic parasites I do not believe is warranted with the evidence we have at hand at present. In my own experience, which covers a considerable number of these infections, there has been an entire lack of symptoms referable to the flagellates.

Cheney wisely remarks that one must be able to differentiate between the pathogenic and non-pathogenic parasites, in order to avoid useless or even harmful treatment.

I would add that parasites which have not been fairly definitely shown to be pathogenic and which produce practically no symptoms, unless they can be eradicated by simple treatment, should not be generally treated. I have seen several patients who have been decidedly harmed by prolonged attempts at removal of flagellates.

Cheney states that the patients with pathogenic parasites had symptoms referable to the parasites, also that patients with well-defined diseases not due to protozoa or worms at times had symptomatology suggesting intestinal parasites, etc. It seems to me

that this should be supplemented by the statement that not infrequently parasitic infections produce symptoms which are mistaken for various other complaints, for example—chronic appendicitis, cholangitis, peptic ulcer, gall-bladder disease, colitis, pernicious anemia, malaria, intestinal tuberculosis, etc. I have seen a number of cases of amebiasis mistaken for chronic appendicitis and several such errors where hookworm and ascaris were the causes.

Doctor Cheney (closing)—There is little doubt of the pathogenicity of E. histolytica, Balantidium coli, and the hookworm. These cases alone, amounting to 6.1 per cent of the series, are sufficient reason for making a routine stool examination, which is the sole means of absolute diagnosis of these diseases. The routine test need not consist of anything more than a five-minute examination of a wet smear.

As we have no certain cure for flagellate infections, with the possible exception of Giardiasis, it is difficult to say whether they are pathogenic or not. There is no way to contrast the condition before and after the eradication of the parasite.

The Doctor and the Press—Now that medical publicity and the place the physician may occupy in it is receiving so much attention, it is interesting to see the reactions of newspaper editors. In discussing this subject Richard J. Finnegan, editor of the Chicago Journal, says: "The history of medicine in the United States is one of the most glorious contributions to modern civilization. Rome was great in lawyers and orators, but weak in doctors. It used to be the boast of pompous Romans that the Roman empire lived for 600 years without a recognized medical profession—but look where the Roman empire is today.

America would not be what it is at this hour without American medicine. This great profession has created and perfected itself, without undue interference or direction from legislatures, trotting to the beck and call of lay minorities that do not appreciate the devotion to the high calling, the self-abnegation and the fine sense of ethics, honor and public welfare that have marked the careers of American physicians and surgeons. . . .

The secret of the success of American medicine has been its freedom of initiative for the individual and the bounty of reward allotted to pre-eminent accomplishment resulting from years of study and labor.

I need not tell you that in recent years the world-wide tendency to government paternalism is beginning to assert itself against your citadel. You could tell me more instances than I could assemble to prove that statement. You could cite the example of Russia, England, Germany and other countries where medicine and surgery have been commercialized and governmentalized, to the detriment not only of the profession, but of the people and the countries. . . .

If the newspapers printed all the publicity puff that comes to them, from a third to a half of their space would be used to accommodate free advertising masquerading as news. Some of it is printed, of course, but the ordinary reader has no conception of the amount of time consumed in the newspaper office in eliminating the press agent's handout.

There is a frenzy for publicity. It touches not only business, but reaches into the homes of the high and the lowly. . . .

The American frenzy to appear in print can be pictured in no better phrase than 'a violent appetite' to bask in the spotlight. To get a picture or a speech in the paper seems to be life's sole ambition to some people. In fact, psychologists and police declare that certain of Chicago's most common crimes committed by girls and boys are inspired by a certain bug that they pick up in the swirl of this moving picture age. They have a violent appetite for notoriety."

POSSIBILITY OF REMOTE EFFECTS IN HEAD INJURIES—A CASE REPORT*

By CHARLES E. MORDOFF, M. D., Fresno

It is the unusual and obscure, in injuries, which keeps the interest of the physician in industry alive to the possibilities in industrial surgery. The case here reported has been of the utmost interest to those who have been actively engaged in treatment, and deserves the attention of all industrial physicians.

Frank H., a robust, very well nourished and developed man, age 48, a blacksmith and miner by occupation, was injured March 16, 1921. He was engaged in straightening a length of drill-steel, using a compressed-air hammer. The steel broke in a flaw, and a piece about a foot long struck him in the face, across the bridge of the nose, and over the right eye. He was "knocked out" for a few minutes, and suffered severe headache following the injury. He went immediately to the first-aid station and was given emergency treatment. The following day he reported to the first-aid nurse that he felt some better, but still suffered from headache. He continued at work suffering continuous headache, which he attributed to the noise of the machine. After three days, headache persisting, he drew his time and left the job without again visiting the first-aid station and without the knowledge of the first-aid nurse.

After leaving the work, he drifted about the State, seeking to obtain light employment, suffering continuous headache, until the latter part of May, when he had to leave a job near Fresno, and, his money having given out, he applied for admission to the Fresno County Hospital. He was found there about July 1, by the legal department of the company for which he had worked at the time of injury, and the medical department was notified.

When visited at the hospital, he was found to be suffering intense pain, especially in the right frontal and temporal regions, with a feeling, as he described it, "as if it would sometimes tear the top of my head off." This pain extended entirely around the right orbit. There was intense photophobia of both eyes, but more especially noticeable in the right. Conjunctival inflammation was very marked. This condition had obtained for several weeks, and treatment had been directed toward the correction of "herpes of a branch of the fifth nerve."

He was at once removed to another hospital and placed under the care of Dr. D. H. Trowbridge, where under active treatment the eye condition rapidly improved, and he was discharged from treatment about September 15, 1921.

At the beginning of this treatment, general physical examination revealed nothing. Wassermanns were negative, as were all other laboratory tests. Special examination: Vision, R. 20/200; L. 20/20. X-rays of the skull were negative for fracture. There was impairment of touch, pain and temperature sense in the distribution of the right infra and supra-orbital nerves.

After discharge, he worked for a time on a

* Presented to the Section on Industrial Medicine and Surgery at the Fifty-second Annual Meeting of the California Medical Association, San Francisco, June, 1923.

mining claim in Northern California. On October 25, 1921, he returned, complaining of diminishing vision and continuation of pain about the right eye, the right frontal and temporal regions, with a sense of numbness. In order to check up the case as to compensability, he was sent to Drs. Walker and Walker for examination of his eyes. The report of this examination showed: "Vision, R. 3/60, L. 6/60 without glasses, and with glasses, R. 5/60, L. 5/15. Ophthalmoscopic examination revels right eye, cornea slightly roughened, iris reacting well to light, vitreous very hazy and full of large dark floating bodies, with a very blurred picture of the retina and disc. The left vitreous also very cloudy and full of floaters, with one patch of choroiditis to the temporal side of the macula region. Both eyes have the appearance of having been struck by some object on the outside, which has disorganized the vitreous to a great extent."

Following this examination and one month later, he was sent to San Francisco, where he was examined by Dr. Otto Barkan, who reported as follows: "Both eyes show marked myopic astigmatism. Vision, right, —3.5 equals 1.10; left, —3.5 equals 3.10. Without correction, right, J —4; left, J —7. Correction of astigmatism improves vision with difficulty. Both cornii show old scars, and corneal astigmatism is due to injuries with foreign bodies at some previous times. There are small pigmented deposits on the posterior surface of the cornea, showing the scars must be old, presumably antedating the injury of March, 1921. Ophthalmoscopic examination shows some coarse vitreous opacities and atrophy around the disc, and increase of pigment in the macula region. In the left eye also a small sclerosed patch, one disc diameter from the macula. All these changes are due to myopia of long standing and have nothing to do with the accident. Conclusion: The reduction of vision in both eyes, right more than left, is due to cornal scars, and to myopic changes, the former playing the greater role in the right eye. As the patient claims to have seen better with the right eye before the accident, it may have been that some scarring might have been caused by same. The major part, however, I believe to antedate the injury of March. In all other respects the ocular findings, visual field, etc., are normal. The right infra-orbital nerve is somewhat tender on pressure. The pain described by the patient, however, is not caused by ocular involvement."

The results of these examinations, together with absolutely negative general physical findings, left us no nearer the solution and diagnosis of the trouble. Further consultation was decided upon, and he was entered as a patient in the University Hospital, San Francisco, under Dr. Fred H. Kruse, for the purpose of observation, examination and diagnosis. He was examined here by Drs. Kruse, Naffziger, Abel Johnson and Ruggles. General physical and laboratory findings were all negative. X-rays of the skull showed no evidence of fracture at the base, or through the mastoid or ear regions, but there was questionable evidence, in Dr. Ruggles' opinion, of a small linear fracture of the inner table over the right eye. This opinion was not concurred in by Drs. Kruse and Naffziger. A fracture so localized would not give the symptoms complained of, viz., pain about the orbit, and right frontal and temporal regions, with numbness extending over the right temple.

Dr. Naffziger, after some consideration, came to the conclusion that the nature of the pain, the distribution of the sensory disturbance, could only be accounted for by injury to the sensory root of the fifth nerve, where it lies in the petrous portion of the temporal bone, that there might be a very small fracture, not demonstrable by X-rays, or by a small clot at that point, caused by the accident.

It has not before been mentioned that specialist examination in 1921 revealed the presence of a small discharge from the right ear. Dr. Johnson's examination, at University Hospital, confirmed previous eye findings. The only demonstrable infection was found in this otitis media purulenta, which at this time existed in marked degree, with the probability that the mastoid cells were involved to some extent. The vestibular apparatus was normal, and there was no evidence of injury to the eighth nerve. Hearing was distinctly impaired on that side. It was Dr. Johnson's opinion that the pain complained of might be due to this infection, and it was decided that the best procedure would be to clean it up first.

The patient was accordingly returned to Fresno, where Dr. Trowbridge performed a radical mastoid operation January 18, 1922. The middle ear was found to be filled with a mass of granuloma tissue, with some involvement of the mastoid cells. Early in the operation the lateral sinus was exposed, but not opened. Post-operative recovery was good, with a radical clearing up of the pain which had continued for so long, in the frontal and temporal regions. Vision improved markedly, to a point where the patient could read comfortably, and he felt better in every way. After about three weeks, however, he began to complain of pain in the right occipital region. At the same time a cough appeared, accompanied by a profuse expectoration of pus, and a septic temperature, and repeated chills. Treatment was unsuccessful until an autogenous vaccine was used, when recovery was fairly rapid, so far as his septic condition was concerned. The pain continued in the occipital region, and Dr. Trowbridge became convinced that the lateral sinus must be infected, and an exploratory operation was decided upon. The sinus was exposed at the site of original operation, and found to be thoroughly organized into a degenerating clot. This was followed posteriorly, almost to the torcular herophili (about one inch). The clot was removed and the sinus packed. At the same time, the internal jugular vein was removed down to the clavicle. Convalescence was somewhat slow, although the occipital pain disappeared, and the patient was finally discharged in May, 1922.

Since then he has been working on his mining claim, intermittently, and for some time was entirely free from pain, but has never been relieved of the numbness in the distribution of the infra

and supra orbital nerves. Vision is distinctly impaired in both eyes, more in the right. Hearing is entirely lacking in the right ear, and somewhat impaired, although to no great extent in the left.

Our belief that the pain, frontal and temporal, had been due to the middle ear and mastoid involvement, because it was relieved following operation, has been shattered. During the past several months this pain has returned, relief having been obtained only during a period of about three months.

This man has been a model patient, co-operating in every way, to the fullest extent, in our efforts to afford him relief, and is distinctly not a neurotic type, so that any element of psychosis or psychoneurosis may be disregarded in the consideration of findings.

The conclusion in this case must be that the pain and sensory disturbances are due to some injury to the sensory root of the fifth nerve, and not to any middle ear or mastoid involvement; that the visual defects are due to myopic astigmatism, pre-existing, although the company has accepted liability for reduction of vision, as well as loss of hearing in the right ear. There is a question whether the otitis media, pre-existing, was lighted up by the injury.

No prognosis can be given as to whether recovery will occur, or of the factor causing the pain and sensory disturbances.

206 Edgerly Building.

DISCUSSION

D. H. Trowbridge, M. D. (Fresno, Calif.)—When Frank H. first came under my observation he was a patient at the Fresno County Hospital. I found him almost blind, suffering from a chorioretinitis with cloudy vitreous, both eyes. He complained of considerable pain, particularly in the right side of the head. Under treatment this cleared up and his vision became very much better, although he still complained of pain. At this time he was also suffering from a chronic suppuration of the right ear. This condition also cleared up, and he was discharged as practically cured.

It was impossible to state whether the injury he suffered while in the employ of the San Joaquin Light and Power Company was the cause of his trouble, but the company gave him the benefit of the doubt and settled all expense incident to his treatment.

Although he was discharged as practically cured, he still complained of pain in his head and was examined by one or two specialists in San Francisco, who were of the opinion that the pain was due to the chronic suppurating right ear, although there was no tenderness, no vertigo, nor any other signs to indicate serious involvement.

Hearing for the watch was very deficient, being 1/72 in either ear. Hearing for voice sounds was very good.

Acting on the advice of our confreres in San Francisco, we decided to do a radical mastoid operation. The operation elicited very little of interest except there was no sequestrum present, and a general sclerosed mastoid. The lateral sinus was notable for the fact that it was placed particularly near to the external auditory canal rather farther forward than usual. It was exposed, but not injured in any way during the operation. The patient made an uneventful recovery, but in about two weeks he suffered a marked chill, followed every other day by a succeeding chill until he had suffered three. This made us suspicious of a lateral sinus infection, although the chills occurring at such regular intervals suggested that the trouble might be due to malaria. Blood test was negative for malaria plasmodia; patient seemed very toxic, white blood count being 16,000; furred tongue, etc., and inasmuch as he suffered another chill we decided the trouble must be sinus thrombosis. He was taken to the operating-room and anesthetized by Dr. Mordoff. I then opened the lateral sinus and found it full of clots. This was an extremely interesting case, inasmuch as the entire lateral sinus was thrombosed and was dissected out entirely back to the anastomosis with the torcular herophili. Before removing the lateral sinus I removed the internal jugular vein, first ligating it above and below. The wound was closed and the patient made an uneventful recovery. The hearing in both ears remains about the same. I think patient still complains of some pain, so it is still a question whether or not the pain was entirely due to the chronic middle ear trouble. The right ear at this time is perfectly dry, all suppuration having ceased.

TUBERCULOSIS IN PREGNANCY

By GEORGE H. EVANS, M. D., San Francisco

There can be no question but that pregnancy in the tuberculous woman constitutes a serious complication fraught, oftentimes, with disastrous consequences to the patient. This statement has become almost axiomatic, and without careful analysis it would seem that a corollary of this would demand in all such cases prompt termination of pregnancy in the interest of the mother.

Unfortunately, the duty of the therapeutist is not so clearly defined, and while there is general acceptance of the premise, much confusion exists regarding the indications for radical treatment.

A consideration of this question presents various angles other than purely medical, for there are in each case sociologic and economic problems to be faced which qualify our decision in the given patient.

In order to better comprehend the subject, it may be well to briefly consider our attitude toward marriage in the tuberculous. The dictum of the French clinicians: If a girl, no marriage; if a wife, no pregnancy; if a mother, no suckling is, in the main, correct. Ordinarily, one must agree that the actively tuberculous woman is poorly equipped physically to undergo the stress of marital life with its attendant child-bearing. Economic factors must, however, play an important part in reaching a decision in a given case. The woman, who by reason of her social and financial status is losing the fight against the progress of her disease, will unquestionably be benefited by a marriage which will place her in a more comfortable position, with improved hygiene and living conditions, under the fostering care of her protector. Those of us who have before us, constantly, tuberculosis in the working woman need no emphasis of this fact. Our clinics abound with those whose sole hope of arrestment of their disease can only be brought about by a change in their conditions of living. Indiscriminate prohibition of marriage to tuberculous women is unjust. This, of course, does not apply to those acute or rapidly progressive, or far advanced cases, but in the latent, slightly active, or old fibroid cases where economic and social conditions are favorable, one should hesitate before refusing consent.

The danger to the child born of a tuberculous

mother must have consideration in any discussion of this subject. It is generally admitted that placental transmission of tuberculosis is so rare as to be considered negligible. Modern students of phthisiogenesis are agreed that the child is born free of tuberculous infection, and, contrary to a popular impression, usually of the same weight and vigor as those born of non-tuberculous mothers. The danger to the infant resolves itself into the preventive measures which should be taken at birth. These necessitate the immediate removal of the new-born child from the infected mother and its feeding by a wet nurse, or proper artificial feeding. Drastic though this procedure may appear, it is justified by results, for most of these infants may be safely brought up in this way. Any measure short of this exposes the infant to almost certain massive infection. The difficulty of carrying out this radical measure is freely admitted, for we have not yet reached the point where the prevention of tuberculosis in the infant is carried out with the intelligence displayed by the dairyman in protecting his calf from its diseased mother.

The non-pregnant tuberculous woman presents a problem where, fortunately, we are able to advise with directness. Experience clearly demonstrates the harmful effects of pregnancy on the tuberculous lesion. To quote from Douglass and Harris:

"There are numerous factors responsible for the aggravation of tuberculosis during pregnancy and the puerperium. Pregnancy makes increased demands on metabolism, oxygenation and innervation, on circulation and elimination. The point of least resistance, in these cases a quiescent pulmonary lesion, is put to the test and the latent tuberculous focus breaks down. The presence of the gravid uterus interferes with respiration and the aeration of the blood; the nausea and vomiting of pregnancy tend to interfere with assimilation; the prolonged muscular exertion of labor, the loss of blood and its attending exhaustion, the use of the anesthetic, auto-infection by the aspiration of infected material from an old focus in the lung into healthy portions, and the possibility of toxins being thrown into the system from the placental site are all serious factors. In addition to these factors, we have in most cases the strain of subsequent lactation, and the responsibility incident to the care of the child.

"Occasionally we see that, during the pregnant state, the tuberculous process apparently improves and the general condition of the patient is strikingly ameliorated. This is true, however, only of the fibroid type, which (it has been observed) is hardly modified at all either during gestation or after delivery. This is responsible for the traditional view held until recent times that pregnancy may sometimes arrest tuberculosis, and because of this belief writers of former generations (like Cullen) recommended marriage to tuberculous women. Grissole, however, in 1849, published an article of such force that it shook the dogma which until then had remained firm."

Our position in these cases should be uncompromising. All tuberculous women should avoid pregnancy unless the disease is in an early stage and has been arrested for at least two years. Even then it should be advised against unless the social and financial status allow of the proper care of the patient during pregnancy and the puerperium, and the carrying out of the proper preventive measures in the interest of both mother and child.

What to do with the tuberculous woman who becomes pregnant, or the pregnant woman in whom tuberculosis makes its manifestations for the first time, or the woman with arrested tuberculosis who suffers a reactivation of her old tuberculous process during the early months of pregnancy, is a problem frequently confronting the physician. Norris and Landis quote Bacon, who, in 1913, stated that 32,000 tuberculous women become pregnant annually in the United States, and that between 44,000 and 48,000 women of the child-bearing age die of tuberculosis every year.

In reviewing the literature on the subject for the last few years, one is impressed and confused by the differences in opinion as to the effects of tuberculosis on the pregnant woman, as personal experiences differ. Earlier observers taught that tuberculosis had a beneficent influence on the pregnant state, and today there are many who believe that, except in the far-advanced disease, pregnancy and child-bearing do not exert an unfavorable influence. On the other hand, there are those who demand the immediate termination of pregnancy in all cases of tuberculosis. Schauta has described three groups: The first would abort every woman that has tuberculosis; the second would abort no woman, but would give her the best of treatment and allow her pregnancy to progress; the third would treat every case individually. The latter would seem to be the plan that conservatism would suggest.

In order to determine the course to pursue in a given case, it is necessary first to determine the injurious effects of pregnancy on the tuberculous lesion. Here a careful study of the literature must impress one with the fact that pregnancy can only be looked upon as a serious complication interfering with the patient's chances of improvement in direct ratio to the activity of the tuberculous lesion. Norris and Murphy recently have compared a group of tuberculous non-pregnant women from the Henry Phipps Institute, with a group of pregnant tuberculous women, with results which are interesting. Of the non-pregnant women there was improvement in 45 per cent as compared with 18 per cent of the pregnant ones. Thirty-four and seven-tenths of the non-pregnant died, while 44 per cent of the pregnant ended fatally. This was an analysis of 104 cases. Unfortunately; for a statistical study, therapeutic abortion was only performed in seven cases.

In which cases should pregnancy be terminated as a therapeutic measure and when can pregnancy progress to completion are questions difficult to satisfactorily answer. Regret at consenting to abortion, in my personal experience, has probably been as frequent as regret at having withheld consent to a procedure which might have improved the condition of the patient, and possibly avoided a fatal

outcome. We are unable at present to differentiate between the cases which will stand the effects of the strain of pregnancy, and those which will not. Notwithstanding this, there are certain indications for interference which it may be well to emphasize.

In the early months of pregnancy, should tuberculous activity first present, the duty of the attendant is clearly to empty the uterus of its contents and place the patient under the approved modern treatment for the actively tuberculous. According to Norris, 65 to 70 per cent of such cases will be benefited, provided this treatment is *applied promtply*. European authorities, particularly Kehrer, claim a much higher percentage of improvement through early therapeutic abortion, even in the first and second stage cases.

Undoubtedly, results are largely dependent on the method of procedure. Curettage in the first six to eight weeks and later vaginal hysterotomy under gas and oxygen anesthesia are the methods of choice.

In the farther advanced cases, and in all those where pregnancy has advanced to the fourth or fifth months, operative measures will usually prove useless, and in the main harmful. This does not mean that the condition of these patients is a hopeless one. It is here that modern scientific sanatorium care is demanded. The tuberculosis sanatorium of the future must have as an essential part of its equipment a maternity department where approved care can be given the pregnant, and the proper facilities provided for delivery and safe progress through the puerperium. Aside from the hygienic rest regimen, suitable cases should be submitted to lung compression. It appears to me that here lies one of the most valuable indications for this therapeutic procedure. Undoubtedly, one of the chief reasons for the increased activation of tuberculous lesions at the time of confinement lies in the violence inflicted on the diseased lung consequent to the abrupt displacement of the diaphragm coincident with the emptying of the uterus. Pneumatic compression will go far in avoiding the sudden expansion of the lung, preventing the attendant absorption of toxic material and possibly passage of bacilli into the blood stream and lymph channels. Labor should be made as easy as possible and, in many instances, induced two weeks before term.

Aside from the danger to the child already referred to, the welfare of the mother demands that she be spared the strain attendant upon the nursing and care of the infant.

Missing the Trees in Studying the Forest—In this modern day of big things, when our eyes are so much on mass movements and governmental and social machinery, the individual has almost been lost sight of. We see the perspective, and we fail to discern the finely chiseled features of the man standing among the many. In thinking of society so much, we think too little of the individual. Individuals make society; society does not make individuals.—(W. S. Rankin, Hygeia, September, 1923.)

Life, like heat, is a mode of motion, and progress consists in discarding a good thing when you find a better.

FRAUDULENT DIPLOMAS AND STATE LICENSES

By C. B. PINKHAM, M. D.
(Secretary Board of Medical Examiners)

The medical profession of the State of California no doubt is interested, as is the profession throughout the United States, in the recent exposé of the issue of fraudulent diplomas and the granting of questionable licenses to practice by certain examining boards in the United States.

The colleges recently reported as having issued questionable diplomas are the National University of Arts and Sciences Medical Department, the St. Louis College of Physicians and Surgeons, both located at St. Louis Mo., and the Kansas City College of Medicine and Surgery, Kansas City, Mo.

It is related that there has been a wholesale traffic in high school credentials, university degrees, and medical diplomas carried on by a certain clique in Missouri reported as composed of Professor W. P. Sachs, "former examiner for the Missouri Department of Public Schools and former dean of the National University of Arts and Sciences of St. Louis"; Dr. Ralph A. Voigt, spoken of as the master-mind of the ring and reported registered as a graduate of the St. Louis College of Physicians and Surgeons, St. Louis, Mo.; Dr. Robert Adcox, retired physician and surgeon of St. Louis, and Dr. D. R. Alexander, dean of the Kansas City College of Medicine and Surgery. From this clique, a St. Louis Star reporter, Harry Thompson Brundidge, under the name of "Harry Thompson," purchased:

1. Credentials evidencing the equivalent of a high school diploma.

2. A diploma of the National University of Arts and Sciences Medical Department dated May 23, 1916 (the institution having closed in 1918).

3. A diploma of the Progressive College of Chiropractic dated Chicago, Ill., March 1, 1923.

It is further related that Dr. D. R. Alexander, dean of the Kansas City College of Medicine and Surgery, has been giving out diplomas of his school in a questionable manner, having some arrangement whereby graduates of his school successfully passed the Eclectic Board of Examiners of the State of Connecticut, the questions of examination reported as having been obtained in advance.

According to Governor Templeton of Connecticut, who checked over several examination papers written by various applicants before the Eclectic Board in his State, the answers to questions of these several applicants were exactly alike word for word, showing a preconcerted plan which has been confessed by certain successful applicants.

Past reports allege questionable procedure in the instance of the Eclectic Examining Boards in Arkansas, Florida, and Georgia.

The profession in California is interested in knowing whether any of the products of the diploma mills have gained entry into California, and it is the belief of the examining board of this State that we have not been imposed upon, for the Board of Medical Examiners of California carefully guards

against imposition by individuals who present either a fraudulent diploma or a certificate issued by any medical examining board shown to be involved in the issuance of questionable licenses.

A recent survey of the records of the Board of Medical Examiners, both as to applicants for written examination and as to applications based on licenses issued by other States, discloses that:

1. During the past ten years graduates from the St. Louis College of Physicians and Surgeons, St. Louis, Mo., have been admitted to written examination in California as follows: 1915, 1 passed (graduated 1910); 1916, 2 passed (graduated 1910 and 1915); 1923, 1 failed.

2. During the past 10 years 32 graduates of the College of Physicians and Surgeons of St. Louis, St. Louis, Mo., have been licensed on reciprocity from the following States. Of this group 29 presented diplomas dated PRIOR to 1917: Colorado, 1; Georgia, 2; Illinois, 8; Indiana, 1; Iowa, 2; Missouri, 13; Nebraska, 1; Oregon, 1; Pennsylvania, 1; Washington, 2. Total, 32.

3. No graduates from the Kansas City College of Medicine and Surgery have been admitted to a written examination in the State of California from 1914 up until December 31, 1923. However, three have been admitted during that interval on reciprocity based on certificates from Arkansas in 1917.

The Pacific Medical College of Los Angeles, whose diploma has never been recognized in California, has been mentioned in connection with the diploma mill.

Reporter Harry Thompson Brundidge, during his negotiations for a medical diploma, stated that he had received a letter from Dr. Ralph Voigt containing the following significant sentence: "I have gone to the west coast for completed stock so you can have less trouble and be better off"; that he later called on Doctor Adcox, who handed him a telegram from Voigt reading in part as follows:

"Alex agrees to issue final paper on Pacific for honorable cause two fifty."

Doctor Adcox then made the following explanation of the message:

"Ralph's telegram means that Doctor Alexander has agreed to give you a diploma based on the credits obtained for you by Ralph from the college on the Pacific Coast, but that he wants $250 for doing so." (St. Louis Star, October 18, 1923, p. 2, col. 4.)

Thompson stated that he later went to Kansas City, and met Doctor Voigt, who made the following statement during the ensuing conversation:

"I'm looking for your diploma in every mail. . . . That bird in California certainly works slow, but he's certain, and the stuff he puts out is A-1. Dr. Alexander has promised to issue another diploma to back up the California degree." (St. Louis Star, October 19, 1923, p. 3, col. 6.)

The Kansas City, Mo., Journal of October 20, 1923, published an interview with Charles A. Johnson, a student and helper at the Kansas City College of Medicine and Surgery, who relates:

"In the room I used as an employee of the college, I (Charles Johnson) heard the sale of two diplomas discussed by Doctor Alexander and pupils in the school (Kansas City College of Medicine). These diplomas were to be purchased for $300 each and were to be on the Pacific Medical College of Los Angeles, Calif., which went out of business in 1916, I understood."

It is interesting to note that United States Senator Royal Copeland, M. D., has caused to be introduced in Congress a resolution calling for an investigation, specifically as to whether or not the United States mails have been used in a scheme to defraud, i. e., by carrying on negotiations in relation to the sale of fraudulent diplomas.

As a sequel of these disclosures in the issue of fraudulent diplomas and State certificates, it is related that Connecticut has revoked some 30 licenses to practice in that State, with more to follow; that New York has undertaken a "house-cleaning"; that the authorities of Arkansas have joined, and that other States will follow.

The Board of Medical Examiners of California has but recently been brought into court to compel admission to examination of a graduate of the Kansas City College of Medicine and Surgery, whose dean, D. R. Alexander, was reported in the St. Louis Star of October 15, 1923, as arrested in connection with the fraudulent diploma expose.

135 Stockton Street.

PECULIAR MANIFESTATION OF FOCAL INFECTION. TREATMENT AND APPARENT CURE. THREE CASE HISTORIES *

By WILLIAM A. SHAW, M. D., Elko, Nevada

There are few physicians and surgeons in the State of Nevada who do not come in contact considerably with people of Spanish descent. I am presenting three cases of apparent focal infection with peculiar symptoms, all born in Spain.

Case S140—Juan Assoriguina was brought to me by several fellow countrymen who hoped that in some way I could prevent him from being taken to an insane asylum. The man presented a variety of melancholic symptoms which at times bordered on decided insanity. Physical examination was negative, except for a marked tonsillar infection with hypertrophy. There was a moderate leucocytosis. After some observation I could offer nothing except to advise tonsillectomy. This was done and the patient given ordinary eliminative treatment. He left the hospital one week after the tonsillectomy, apparently normal in his mind within a month and today is practically a normal citizen.

Case EGH594—Louis Guisasola was brought to me by a friend March 1, 1923, complaining of forgetfulness, marked melancholia and nervousness. His friend stated that he had been melancholic for several months, for the past month becoming decidedly worse and at times having a tendency to suicide. Physical examination disclosed nothing, except a marked lacunar tonsillitis, chronic hypertrophic type, and blood examination a moderate leucocytosis. After considerable observation I ad-

* Read before the Twentieth Annual Meeting of the Nevada State Medical Association, Reno, September 28 and 29, 1923.

vised tonsillectomy, and this was done April 24, 1923. The patient left the hospital the day following the tonsillectomy, was given no other treatment, but was observed for a period of several months. He is now herding sheep and is, according to report from his employer, doing well.

Case EGH665—Pedro Usatorre. This man was brought to me by his uncle, who stated that he had been out of his mind for several months and that on the morning when he was brought to me he had been found in a local barber shop with a knife in his hand, stating that he was going to kill anyone who opposed the idea that he was the chosen servant of God. This patient had a wild, staring look from his eyes, flushed cheeks, a marked follicular tonsillitis, a slight rise in temperature and a very moderate leucocytosis. He was placed in the hospital, and under eliminative treatment the temperature subsided, but he still had a marked variety of hallucinations, delusions and illusions. Two days after admittance to the hospital the tonsils were removed. He left the hospital four days later and reported daily for observation and was treated with a sedative current of electricity for several weeks. He gradually improved insofar as the nervous symptoms were concerned, until today he is practically normal.

The laboratory report from each patient was chronic amygdalitis, hypertrophic and encapsulated.

This small but interesting group of cases was emphasized more strongly in my mind on account of the fact that there seems to be a rather high percentage of insanity among the Spanish people, and particularly the sheep herders in this country.

The only deductions I can draw are that, in a climate like ours in Elko County, where tonsillitis and various throat inflammations are prevalent, these men become subject to a chronic focal infection, namely, tonsillitis, absorption from which causes symptoms of auto-intoxication and a resulting influence on the minds of these subjects, with a train of symptoms such as is outlined in these case histories. These men were all sheep herders and consequently were much alone out in the hills with their sheep. My opinion is that the condition resulting from focal infection made them feel weak and they, being alone and having considerable time to study their own feelings, and being ignorant of the cause of their inability to properly perform their work, became infected, so to speak, with the idea that they were going insane and did become temporarily so.

Oculists, Optometrists and Optical Firms—Epoch-making acts usually are not recognized as such until long after their occurrence. As a rule, their significance is appreciated only after their effect upon subsequent events has had time to manifest itself. But it is possible that we who are at present engaged in the practice of ophthalmology may be witnessing such an epoch-making act, in the position recently taken by a well-known wholesale optical house. Briefly stated, this firm has closed out all of its accounts with optometrists, and has announced that it will fill prescriptions only when they are signed by members of the medical profession. In addition, it proposes to inaugurate a campaign, by means of which the public will be educated as to the differences between oculists and optometrists, and the essential limitations of the latter.

Heretofore, oculists have always been on the defensive against the attacks of the optometrists. In common with other "get-knowledge-quick" groups of pseudo-medical practitioners, the optometrists have been waging an offensive (in both senses of the word) campaign to obtain legal recognition in the several States of the Union, and hardly a year passes without the oculists of some State being compelled to appear before its legislature to combat their activities, sometimes, unfortunately, to no avail. Whenever the oculists have appeared in an active capacity, it has been before some medical society or in some medical journal, informing their confreres of facts which they already know. They have been barred from the public press, partly from fear of appearing unethical, and partly because the public press, from motives of self-interest, or otherwise, has refused to present their side of the question. This anomalous position has long been recognized, and at the 1921 meeting of the American Academy of Ophthalmology and Oto-Laryngology, a committee on publicity and service was appointed to consider the question of the proper method of acquainting the public with necessary medical facts. This is a step in the right direction, and if it is assisted by the action of the non-medical organizations, so much the better. The present status of refraction is an evolution from the days of the itinerant spectacle vender; but the instruction of the consumer has not kept pace with the progress of those whose duty and privilege it is to supply them with correcting lenses. Anything which tends to alter this state of affairs should be welcomed.

Another phase of this firm's action is its refusal to supply lenses to optometrists. Oculists in the smaller cities, and those in the larger ones who supply their patients with lenses through the medium of wholesale optical houses have been forced to obtain such lenses, etc., from the same firms which supply optometrists. Not only is this true, but it is stated that some firms make a special, lower price to optometrists, thus introducing the element of unfair competition. Optometrists are organized for action; oculists for science. If oculists would realize what a force their united numbers could exert, by patronizing firms which cater exclusively to them, a revolution would be brought about in the attitude of other firms. They would realize that oculists would have a choice between "fair" and "unfair" firms, and many of them would undoubtedly swing into line. A decided check would be given to the activities of optometrists, for when an army is engaged in preventing the turning of its flank, it has little leisure for aggressive action. When a firm states by words and acts that it does not desire the accounts of a certain group of men, such action exerts a moral force beyond its immediate and direct results. In defending themselves from the implications produced, optometrists will hardly have time to attempt new inroads on the medical profession.—C. L., in American Journal of Ophthalmology.

A modified Rib Resection Operation for Empyema—To secure proper drainage in empyema, George Schwartz, New York (Journal A. M. A., December 15, 1923), believes that rib resection is necessary. Osteomyelitis of the rib occurs in 4 per cent of the cases, resulting in long-standing fevers, anemia and protracted convalescence, and requiring a secondary operation for a cure. The reason why necrosis of the rib occurs is that the open ends of the rib are exposed, are constantly being bathed in pus, and are involved by continuity of the infection. Heretofore, no means has been devised of sealing up these open ends to prevent contamination, thus closing up an avenue of infection that gives rise to a general sepsis. The operation is very simple and takes only a minute more than the usual procedure. It entirely removes the 4 per cent chance of a rib necrosis and reoperation, and may save months in convalescence. The bone-wax seals up the end of the open rib, and the muscle-flap gives added protection.

EDITORIALS

OUR GOVERNOR'S ANTI-QUACK ANNOUNCEMENT

If press dispatches are accurate, Governor Richardson has at last been aroused by the well-directed efforts and publicity of the League to the menace of quackery in California. We read in the press that our Governor is now going to weed out all impostors, fakes and quacks and close all "diploma mills." If this be true and truly carried out, we will review the Governor's good work gladly and lead the chorus in peals of praise.

Although we are eager to accept the anti-quack announcement at face value, facts prevent us and demand a large discount. We recall that one of Governor Richardson's administration bills, introduced at the last Legislature, would have placed the State Board of Medical Examiners, Board of Dental Examiners, State Board of Pharmacy, and Board of Veterinary Medicine under a lay director with power to issue licenses to and suspend or revoke licenses of the members of the various professions named. We remember that when the Governor's budget was the storm center of discussion, during the weary wasteful days of the last Legislature, the Health Board and the Board of Medical Examiners protested cuts made in their appropriations and stated that amounts allowed by the Governor would prevent them from carrying on their work with any degree of efficiency. We recall his veto of the anti-quack bill and the excuses offered. No one will question that the reduced activity of the State boards against unlicensed "doctors" during 1923 is in strong contrast to the Board's activity of 1922 and preceding years. It is stated on high authority that the Board's activity had to decrease because of lack of financial and other support.

Whether the Governor is now merely making a graceful "gesture" or is really changing his attitude will be determined by deeds and not by his announcements. In reference to the quackery problem, the road of duty is before the Governor plain and direct. Those entrusted with official power are false to their duty and responsibility if they license the uneducated and untrained, the mentally and morally unfit; but they are more false to duty and invade the rights of the citizens if they tolerate the unlicensed to prey upon the public.

If the Governor really intends to carry out his anti-quack announcement and protect the public, he will start right by prosecuting all those who are attempting to treat for money, diseases, injuries and deformities of the men, women and children of California in defiance of the laws of California. No sensational quiz or probe is required, for the names and addresses of many such "doctors" must be known to the Board. To find the names of a charming variety of unlicensed "doctors," who are apparently practicing in defiance of law with impunity and immunity, is not difficult.

As far as we are able to observe, such "doctors" are undaunted by the Governor's anti-quack announcement and continue to let their electric lights shine before men and their ads attract the shekels.

No matter how many gubernatorial "gestures" are made, and no matter how much partisan applause they receive, pantomimic warfare will not protect the public from "diploma mills" and the unfinished products which they are grinding out. It requires real laws and real enforcement of real laws to protect the public from misrepresentation, imposition and fraud of the many varieties of spurious healers and cultists masquerading under the title of "doctor." The loose use and abuse of the word "doctor," and the deplorable condition which enables a so-called college or "diploma mill" to be legally chartered for less money than a quack receives for one of his dangerous treatments, must be remedied by the next Legislature before any anti-quack announcement can be considered seriously.

SAFETY OF THE HYPODERMIC ADMINISTRATION OF DIGITALOID PREPARATIONS

The administration of the digitaloids subcutaneously is almost universally held to be undesirable, if not unsafe, because of the pain and the local inflammatory reaction, resulting in abscess formation. This is true especially of strophanthin; hence, the usual practice of intravenous injection of the digitaloid glucosides, or administration of the galenicals and dry digitalis by mouth. The intravenous route has its obvious objections, and the oral may be slow, irregular and inefficient. The hypodermic and intramuscular routes would offer several advantages, namely, ease of administration and promptness of absorption, especially in emergencies and in conditions precluding administration by mouth, and in such conditions as stasis of the hepatic and portal circulations. What has been hitherto thought undesirable and unsafe has been rendered practically feasible and safe by the recent work of Freud and Meyer of the Pharmacological Institute in Vienna on animals and patients.

Freud and Meyer showed that the digitaloids can be injected subcutaneously for their usual effects, and with impunity. This was accomplished by adding local anesthetics to the digitaloid solutions to be injected. Freud and Meyer used novocain (procain) and alypin in 5 per cent strengths. Firstly, they showed that dogs, which were found to be highly susceptible to experimental abscess formation from digitaloids alone, could be injected with mixtures of the same digitaloids and the anesthetics without local inflammatory reaction. The digitaloids that were tested were digitoxin, digipuratum, digalen, strophanthin, cymarin, and squills. All of these, except digitoxin, were injected subcutaneously together with procain (0.02 to 0.03 gm.) without producing pain and local inflammatory reaction. Then the Viennese pharmacologists tested the mixtures on patients with multiple sclerosis, neuritis and hemiplegias, and confirmed their results on dogs. For this purpose one side of the

body was used as control (without the anesthetic) and the other side was used for testing the digitaloid-anesthetic mixture, using pain and local inflammatory reaction as criteria. Under these conditions Freud and Meyer found that only 25 out of 138 patients injected with digitaloids together with local anesthetics (usually 5 per cent procain) showed evidences of inflammation, while 32 out of 37 controls without anesthetics showed marked inflammatory reactions. Strophanthin was injected together with procain in 55 out of 63 patients without local inflammation and pain.

Freud and Meyer conclude that digalen, digipuratum, squills, cymarin, and strophanthin can be injected subcutaneously without irritant effects, and that the indications for therapy of cymarin and strophanthin are extended and their use made easier and safer. In view of the practical importance of the subject, confirmation of these results is highly desirable in cases without the limitations enjoined by disease in the series employed by Freud and Meyer.

Freud, P. and Meyer, H. H.: Deutsch. med. Wochn., 1922, No. 37, "Über nicht zündende Subkutaninjektion entzündlich wirkenden Heilmittel."

ARE OPTOMETRISTS TECHNICIANS OR DOCTORS?

There are two classes of "optometrists." Members of one of these groups consider themselves technicians or prescription opticians of other days. The other and far larger group consider themselves "eye specialists." They do not confine their activities to the technical work of correcting by glasses errors of refraction in healthy eyes of healthy people. Too many of them are undertaking work which they have not been educated to do with safety.

"Optometrists" who wish to undertake the responsibilities of "eye specialist" should be required to have education comparable to that of other ophthalmologists. The others should continue their very necessary and important work as prescription opticians.

Sad stories are told of the injuries done to citizens, and children in particular, by "fitting glasses" to eyes that would have spoken clearly to the educated person of important diseases calling urgently for skilled care of more than the eye. The use of blue and red light electricity and other forms of therapy, without correct diagnosis of diseases producing eye symptoms as one of their manifestations, is frequently responsible for serious consequences to the patient.

The eyes are most important organs of the body, which cannot be separated into parts for purposes of diagnosis and treatment of diseases and abnormalities by those who have not had adequate education and training in the anatomy, physiology, pathology, and clinical manifestations of disease and abnormalities as they affect the entire human organism.

This is precisely what is being done in ever-increasing volume throughout this country. California is well forward in this movement, as it is in other movements calculated to provide inadequate medicine for the citizens of the State. This situation is destined to do much harm for an indefinite number of years, until the public some day in some way is made to understand.

A particularly discouraging and distressing feature of the problem is the recent action of the great State University in introducing the teaching of this branch of medicine under the department of *Physics*. This is the culmination of years of effort by the optometrists. Heretofore, the faculty of the medical school has insisted that, if optometrists were to be taught to practice medicine or to be technicians in a medical field, they should have adequate special education given by the medical school faculty.

Unquestionably, the department of physics will teach the mechanics of the subject better than it has been taught before. But they and their students apparently fail to understand that only a certain percentage of errors of refraction occur in otherwise healthy people. Honesty and fair-dealing demand that someone should determine before glasses are fitted, whether the eye trouble in any patient requires mechanical correction only. If optometrists wish to make this determination for themselves, they should have more medical education. Otherwise, they should recognize themselves as technicians, as some of them do, and limit their work to the fitting of glasses in patients who have been examined by those qualified to make diagnoses.

Many of the better educated among the optometrists realize their limitations. Some are limiting their work accordingly, and others are taking time to prepare themselves for wider responsibilities by better education.

The larger and more militant portion of their powerful organization are out for further expansion of their legal privileges by political rather than educational prestige. They claim the "eye for the optometrists," and in the language of the street, they are "getting away with it." They have recognition by the State Board of Education. They promote organizations to prevent blindness, give clinics, and otherwise follow the usual channels of publicity and propaganda.

It is exceedingly unfortunate and regrettable that the authorities of the University of California should have endorsed a situation that unquestionably will sooner or later cause them embarrassment.

THE INCIDENCE OF INTESTINAL PARASITES

Under this title there is published in this number of the Journal an article by Marshall C. Cheney of San Francisco, with discussion by Alfred C. Reed, John V. Barrow, and Herbert Gunn. Editorial comment upon the subject is made at this time because it is one that does not receive the attention by physicians in general that it deserves.

Aside entirely from the question of parasitism, there is a great deal of evidence of inestimable value to physicians that may be acquired by careful and accurate routine examination of stools. Such routine examination with appropriate stain-

ing methods will tell a story of the functioning of the intestinal canal that may not be obtained in any other way. As to the presence of parasites of various kinds and their significance, there is room for the accumulation and utilization of much more knowledge than we at present possess.

Amebiasis is far more prevalent in all parts of the world than it is generally considered to be. Its symptoms are exceedingly protean in character and the diagnosis of injury being done by the parasites themselves is not at all easy even in the hands of one skilled in this work. Unfortunately, a half century ago amebiasis was associated in the minds of the public, and even of some physicians, with dysentery. This idea is still too prevalent. As a matter of fact, dysentery, or frequent bloody mucous stools, is a comparatively rare symptom properly chargeable to the ameba. When bloody flux does occur in connection with an infection by ameba it is nearly always due to some concurrent bacterial infection rather than to the ameba.

This is not the time nor the place to go into the question of so-called harmless ameba, further than to state that these parasites, whatever their zoological classification, when persistently present in the intestine undoubtedly produce consequences not yet realized by even the most expert men working in this field. Our study of this particular group of parasites and the pathological conditions for which they are responsible is only in its infancy.

As to the flagellates, again it is doubftul whether any of them are harmless. It is probable, on the other hand, that many of them do not always produce symptoms which we recognize and place correctly. Mass infection undoubtedly has something to do with the distinctiveness with which flagellates manifest their presence, and it probably also has a good deal to do with the question of their relative significance in otherwise healthy people or those suffering from other diseases.

The writer of this editorial has long since been convinced that all intestinal parasites have a very definite influence on the character and virulence of the bacterial flora; on the splitting up and absorption of substances from the intestinal mucosa and upon the mucosa itself, by constant irritation, if in no other way. In view of our present knowledge, it is a little bit hazardous to blame these parasites for a certain group of specific symptoms, and it is equally hazardous in many instances to call them harmless because a certain group of described symptoms are not present.

THE DIPHTHERIA PROBLEM IN CALIFORNIA

During 1922 some 600 deaths occurred from diphtheria in this State. The record to date indicates that approximately the same number will die during 1923. These deaths represent some 7000 cases of this disease, and there probably were that many more carriers, which would bring the grand total of those who had infection up to some 15,000 or more during the year.

All of the deaths could have been avoided and all the suffering of those who did not die could have been avoided, by the application of simple knowledge well and widely known throughout the State. In avoiding diphtheria our people would at the same time avoid the numerous complications and after-effects that have their origin in the primary infection of diphtheria. Of those who recover from the disease, many now go through life with crippled organs, kidneys, hearts, arteries, nervous systems. Not only is the knowledge of how to avoid this disease widespread, but the facts are beyond question.

Would it not be worth while for some of our civic organizations to get behind the boards of health, start an extensive campaign and rid ourselves of this pestilence? Here is a real opportunity for some organization to do some worthwhile work. It would not be spectacular and would have but a small amount of news value, but it would save many lives, besides securing better health for many thousands annually.

THE COSTS OF HOSPITAL SERVICE

One session of the Third Annual Conference of the Hospitals of California was given over to a discussion of the problem of supplying adequate hospital care to those unable to pay the costs of such service. Discussion of the subject aroused wide interest and was freely commented upon in news items and editorials in the press.

A committee was appointed to study the subject and make its report at the Fourth Annual Conference, which will be held in Santa Barbara some time during this year. The committee is already at work, and will shortly send out a questionnaire to all the hospitals of the State asking for certain necessary data for the compilation of the report. An enormous amount of data is already in the files of the Hospital Betterment Service Bureau of the League for the Conservation of Public Health relating to every hospital in the State. However, it has been difficult to get sufficient financial data, and a satisfactory report on the problem will only be possible if the majority of the hospitals will furnish the data requested.

Obviously, the problem of reducing hospital costs cannot be considered without knowledge of what present costs are and at least the principal items which enter into this cost. We must not lose sight of the fact that all hospitals, as individual units, have been studying this problem carefully and taking advantage of every possible short-cut toward the reduction of costs for many years. This, of course, is necessary because even at present rates less than 10 per cent of the hospitals of the State make interest on their investments, much less a profit on the services rendered. The vast majority of them as they are now operated must have assistance in order to balance their accounts at the end of the year.

Any consideration of hospital costs, furthermore, must start with a uniform understanding of what constitutes good hospital service. The minimum requirement is facilities for giving good general hotel care, laboratory services of all kinds, pharmacy services, X-ray services, salaries and other

compensation of house officers, nurses and other employes, and other departments personnelled and equipped to render various other special services.

There has been, and is, considerable complaint from patients against the more or less lengthy list of "extras" that forms part of practically all hospital bills, and certainly forms part of the cost of operating each institution. These same people do not protest particularly when they are assigned a room in a hotel at $4 per day and find on their account when they leave extra charges for food, telephone, messenger, laundry, and perhaps a dozen other services that have been rendered for them. This method of charging and cost accounting is the only fair one that can be instituted. It, of course, would be easy to establish a round figure covering all assembled costs of hospital service, and to quote this as a daily rate to any and all patients. If this were done, patients who have very little service would be paying part of the expenses of those who demand and require a great deal. So we must continue to make hospital bills according to this so-called European plan for the same reason that hotels and other businesses follow this same system.

One great trouble in devising methods for decreasing the cost of hospital service is found in the fact that comparatively few hospitals, including the majority of those operated by the government, have accounting systems that explain in any sufficient detail their financial situation. Inadequate, incomplete and deceptive accounting systems explain to a very remarkable degree the vast difference in the quoted and often-published cost of service to the sick in hospitals, this whether the institution be a so-called State Hospital that proposes to render all service at 62 cents a day or a high-class public or private hospital where the actual costs of service are $5 or more per day.

In order to make its report of any particular value, it will be necessary for the committee to have total costs and the distribution of costs by departments of a large number of hospitals. A few of the principal items to be considered in this respect are:

The value of the hospital site.

The value of the buildings and improvements.

The interest on outstanding debts, whether notes, mortgages or what not.

The interest on bonds for those municipal and other hospitals that are bonded, this interest to equal at least the interest being paid on the bonds.

The amortization charges allocated by months necessary to retire these bonds when they mature.

The cost of repairs, alterations and replacements in buildings, equipment and furnishings, depreciation of plant and equipment.

The above is a list of items rarely given consideration in hospital accounting, and almost never in government hospitals that talk so much of cheap rates and free treatment.

In addition to these items, of course, there must be included information as to the cost in salaries and wages; the equipment and upkeep of each essential department, including X-ray, clinical and pathological laboratories, pharmacy, physiotherapy and other mechanical therapeutic departments; subsistence and dietetics; the expense of setting up operating rooms, anesthesia and anesthetics, and many others. Also there are to be considered the general cost of adequate insurance of all kinds, which is no small item in hospitals; taxes, water, telephones, transportation, housing and other compensation in addition to salary necessary for employes, and numerous other items of professional, technical, and hotel expense.

All of the items mentioned in this general discussion and many others will be incorporated in a questionnaire shortly to be sent to all the leading hospitals, and it is hoped, for the sake of the welfare of the sick and in the interests of economical worthwhile service to them, that the committee may have the co-operation of all hospital authorities and of the public in general.

"FAKE DOCTORS" AND "DIPLOMA MILLS"

The exposure by a newspaper of the sale of high school certificates and medical diplomas in Missouri has grown into a national scandal. The wide discussion of the facts in all varieties of current literature should shock our people into a realization of their neglect of their responsibilities.

The conditions which make this form of trafficking with health a profitable business for the unscrupulous have not been fully brought out, and constructive remedies which, after all, should be the outcome of the publicity have not received sufficient attention.

Four fundamental forces are concerned in the problem of who shall practice the prevention of disease and the treatment of the sick. These are:

Education,

State laws,

Law enforcement,

Moral or ethical activities of medical organizations.

MEDICAL EDUCATION

Under the leadership of the Council on Medical Education and Hospitals of the American Medical Association, and with the co-operation of the Association of American Medical Colleges and the Association of Medical Examining Boards, great progress has been made in establishing high standards for accredited medical schools and for the attainments of the students. The present requirements for accredited schools and their graduates, as well as the machinery by which these requirements are maintained, modified or advanced, are quite satisfactory and are generally understood. The principal difficulty is, that the movement is a purely moral force, established and maintained by physicians and medical schools for their own purposes, and it has no legal standing.

Through the influence of boards of medical examiners and medical organizations, constant attempts have been made over many years to bring State laws into harmony with the moral forces of medicine. No State has laws which back up these

moral forces adequately upon all points. Some States approximate the requirements, but in most of them the "doctors" laws are hodgepodges of amendments and court rulings filled with holes through which the clever rascal can enter and become "legalized" to treat the sick.

The laudable efforts of the American Medical Association and its co-operative bodies to advance requirements in education, educational institutions, State laws and law enforcement are one basic excuse for constant attack upon this organization by every medical charlatan and political trickster in all of the States. This is the principal basic reason for the much-quoted allegation that the American Medical Association is a "medical trust."

STATE LAWS

There are just as many different laws regulating medical education and practice as there are States. Not one is all that it should be, and the frequent changes made in most of them by legislative enactment and court decisions make the situation as complex and difficult as possible. Many informed persons will regret that extensive organized publicity similar to that regarding uniform divorce laws could not be applied to the question of uniform medical practice laws. One excellent movement in this direction is well under way through the activities of the National Board of Medical Examiners. This is another of those moral forces being fostered by medical organizations, whose policies would be endorsed and protected in any adequate State law. This has been done by several States.

The prevailing underlying principle which seems to be reflected in most State laws is that of filtering the end-product, or young graduate, through a political sieve as the proof of his fitness to practice medicine. They do not pay sufficient attention to the character, quality or quantity of the student's education, nor the provisions of his "college," in finances, plant, equipment or personnel, for giving adequate instruction. In California, for example, any five persons can incorporate a "college" or "university" for less than $20, and they can issue legally any diploma that can be issued by any university. There is no adequate legal requirement as to the quantity and quality of physical provisions for teaching nor the attainments of teachers. There are more than a score of "colleges," "schools" and "universities" operating *legally* in this State alone that can award any "degree" they choose. They are awarding "degrees" of D. C., D. O., D. O. M., D. O. S., and others which will permit the recipients to practice medicine under one or more of the numerous boards authorized to grant licenses to treat the sick.

Other laws provide that if one intends to use drugs in treatment, he must have completed a minimum of six years' study above high school. But if one only uses physical agents, whether punching the spine or squirting blue lights on the eye, he is required to study less than two years.

In spite of the charge so frequently made that California is the faker's paradise and the proving ground for "reformers," conditions just as inadequate as ours obtain in a number of other States.

LAW ENFORCEMENT

Even the Volstead Act is being more generally and more effectively enforced than are the laws regulating the treatment of the sick, such as they are, in most of the States. One only need examine the classified telephone directory of most cities to get an idea of the variety and number of unlicensed practitioners. Enforcement of the "doctors" laws is also about as unpopular as enforcement of the Volstead Act. The enforcement in many States is most unfortunately the duty of medical examining boards made up of physicians. If these boards do their duty, the onus of enforcement is charged against the medical profession. If they fail in their duty, the medical profession is blamed for the periodic scandals as they occur. All prosecutions and other enforcement activities should, of course, be in the hands of the police and other State and local law enforcement officers. This would fix the disagreeable responsibilities where they belong and relieve the medical profession of another of the alleged reasons for calling it a "trust."

MORAL RESPONSIBILITIES OF MEDICAL ORGANIZATIONS

The *moral* standards as distinguished from *legal* standards governing the practice of the healing art, including education and regulation of standards of all the agencies of medicine, constitute a great tribute to the American Medical Association and all of its subsidiaries and all of its co-operative contacts. This tribute is all the more impressive when we realize that the majority of the 150,000 educated physicians of the country are members of the organization and recognize the superior *moral* standard rather than any of the lower and usually inadequate standards fixed by law in the various States. Many of the thousands who are not now Fellows of the A. M. A. are eligible and should join their organization. That comparatively small group of doctors of medicine who, although they are privileged by law to practice medicine, are not eligible for membership under our *moral* standard, as well as all the groups of inadequately educated barnacles of medicine, should be made to stand out clearly for exactly what they are.

Our medical associations undoubtedly will stand firmly for the maintenance and constant improvement of our educational, moral and social standards. They undoubtedly will continue active in trying to improve the legal standards until they conform more generally to the educational standards.

Our leaders who have been elected and appointed to positions of trust deserve more wholehearted support and more universal encouragement than they are accustomed to receive.

The present and any other "medical" scandals reflect in a most discreditable manner upon the political and legal machinery of many States, while at the same time they help, by contrast, to show more widely the soundness of our organizational policies and their importance in protecting public health and in providing ethical, adequately educated physicians for our citizens.

If Connecticut, Missouri, or any other State

wishes to safeguard the health of their citizens they can do so by enacting the model medical practice act drawn by the Bureau of Legal Medicine and Legislation of the American Medical Association and by making the minimum educational requirement the degree of Doctor of Medicine from a college accredited by the Council on Medical Education and Hospitals of the A. M. A. These steps and the selection of enforcement officers who will enforce laws will insure the best of protection in public and private health.

WHO WILL EMPLOY AND DIRECT PHYSICIANS OF THE FUTURE?

Physicians who are interested in the general problem of better medicine and better public health for everyone, as distinguished from the clinical side of their work, will get some interesting information from an article by Willard S. Small, dean of the College of Education, University of Maryland, published as Bulletin No. 33 of the Department of the Interior at Washington.

Under the sub-heading of School Health Supervision, Professor Small says that two tendencies are noted in the administrative development of this work. These are "the broadening of the scope of medical inspection into school health supervision, and *recognition of the educational department as the logical administrative authority.*" This phase of his subject is further elaborated in the pamphlet.

He recognizes that the public health and medical work among school children is done under four kinds of administrative authority, (a) the educational authorities; (b) public health authorities; (c) private and voluntary health organizations, and (d) multiple authority. He states that administrative control of this particular branch of medical practice and public health is most frequently in the hands of departments of education and least frequently under the control of boards of health.

In his tabulated work he does not distinguish between the medical work done by physicians and that done by nurses.

The author is particularly pleased to note that during recent years most of the new laws and revision of old laws pertaining to health problems of the school specify them as part of the program of departments of education and not of departments of health or otherwise under medical control.

Documents of this character and other release propaganda received by editors from all sorts of sources are certainly interesting to physicians, whether they be practicing preventive or curative medicine, or both as they should be. They indicate very clearly the direction in which medicine in the United States is very rapidly moving.

Stanford University Medical School (reported by W. Ophuls, dean)—The faculty of the Stanford Medical School has recently been especially interested in a possible revision of the pre-medical requirements and of the curriculum in the medical school. So many subjects are now required in the pre-medical curriculum that the students have lost almost entirely the possibility of electing courses that they may be especially interested in. It is hoped that in some way these rather excessive special requirements may be cut down and the students be given greater latitude in their preparation. This subject was discussed very thoroughly at a joint conference of the two medical schools in San Francisco, which was held on October 17, 1923, and there is now a joint committee working on it.

The committee of the medical faculty on revision of the medical curriculum has reported as follows:

The committee recommends—

1. Closer correlation in the work of the various departments and courses, and intra- and inter-departmental conferences on the content and aim of courses.

2. That more emphasis be placed upon the training needed by the general practitioner, but that we exert ourselves to the utmost to encourage disciples in the various branches of medicine.

3. That the work of the fourth year in medicine and also, so far as practicable, in other clinical departments, be so arranged that students can act as clinical assistants in the wards and out-patient clinics instead of attending lectures and demonstrations.

4. That the required work in the specialties be confined to their bearing on the needs of the general practitioner, but that the teaching be done by the various specialists concerned after consultation with their respective departmental staffs.

5. That greater emphasis be placed on the teaching of hygiene and public health, and that we earnestly recommend the establishment of a department of hygiene and public health.

6. That, in order to improve the services of our students at accredited hospitals, the dean be requested to appoint a committee of five to inquire of and to confer with ex-interns, regarding the nature of their services and suggestions for improvement of the same.

7. That the work in physical diagnosis and pathology now given at Stanford University be transferred to San Francisco.

8. That all required work be reduced by 8 per cent. This report has been adopted by the medical faculty.

The recommendation of the committee will mean that the medical students will come to San Francisco one quarter earlier than they have heretofore.

The medical school has received from an anonymous donor $300 as part payment for a fellowship in physical therapy.

The following course of popular medical lectures on "The Internal Secretions" is now being given in Lane Hall on alternate Friday evenings:

January 4.—"Active Principles Derived from the Glands of Internal Secretions," by P. J. Hanzlik.

January 18.—"Thyroid Disease," by Clement H. Arnold.

February 1.—"The Secretion of the Anterior Hypophysis, by Herbert M. Evans.

February 15.—"Hypophyseal Disturbances in Man," by E. B. Towne.

February 29.—"Insulin and Diabetes," by D. E. Shepardson.

March 14.—"The Effect of the Sexual Cycle on Voluntary Activity in the White Rat," by Professor J. R. Slonaker.

Professor Ludwig Aschoff of Freiburg has been selected as Lane medical lecturer for the year 1924, and Professor Vittorio Putti of the University of Bologna, the famous orthopedist, has been named Lane medical lecturer for 1925. Professor Aschoff will probably deliver his lectures during the last week in May.

The Lane Hospital is carrying on special work on insulin, under a grant from John D. Rockefeller Jr., of $10,000.

COUNTY NEWS

ALAMEDA COUNTY

Alameda County Medical Association (reported by Pauline S. Nusbaumer, secretary)—The annual meeting of the Alameda County Medical Association was called to order by the president at 8:20 p. m., December 17, 1923, at the Ethel Moore Memorial building.

The following program was presented:

Posterior Duodenal Diverticulum—Medical Aspect. W. H. Strietmann.

Posterior Duodenal Diverticulum—Surgical Aspect. Charles A. Dukes.

Esophageal Carcinoma of Long Standing—Lantern Slides. Fletcher B. Taylor.

These papers were generally and ably discussed. At the close of the scientific program, Dudley Smith offered a glowing tribute to the memory of the late W. L. Friedman. The retiring officers and chairmen of the various committees gave their annual reports. Refreshments were served, and a social hour enjoyed.

Newly elected officers, councillors, delegates and alternates: President, Charles L. McVey; vice-president, H. B. Mehrmann; secretary-treasurer, Pauline S. Nusbaumer; councillors, Stanley Berry, Daniel Crosby, E. A. DePuy, J. K. Hamilton, G. G. Reinle, C. A. Wills; delegates, W. L. Channell, W. S. Kuder, Gertrude Moore, George Rothganger; alternates, Eugene Barbera, F. W. Browning, Robert A. Glenn, C. Hall, W. E. Mitchell, A. C. Smith.

New Alameda Hospital—Incorporation papers have been issued to the Alameda Hospital Association. The trustees have plans well under way for the construction of a new four-story 100-bed hospital. The incorporators are Miss Kate Creedon, one of the proprietors of the sanatorium now in existence in Alameda; W. B. Stephens, M. D.; A. W. Porter, F. P. McLennan, and J. E. Hall.

KERN COUNTY

Kern County Medical Society (reported by P. J. Cuneo, secretary)—Following the custom of the past, the December meeting of the Kern County Medical Society was marked by the annual election of officers for the coming year.

The meeting was held at the Stockdale Clubhouse December 16, 1923, with Doctor Moore presiding. P. J. Cuneo was elected president; H. W. Hawkins, vice-president; H. W. Moore, secretary-treasurer; E. A. Shaper, censor; F. O. Hamlin, delegate; F. J. Gundry, alternate.

The business meeting was followed by a dinner-dance, arranged by Morris, Hamlin, and Moore. Members and guests were surprised by a splendid program consisting of entertainers from the Coast to Coast Theatrical Circuit, and a full-fledged orchestra to furnish the music for the dancing. Those attending were Dr. and Mrs. A. Moodie of Taft, Dr. and Mrs. Veon of Bakersfield, Dr. and Mrs. P. J. Cuneo, Dr. and Mrs. F. J. Gundry, Dr. and Mrs. Homer Rogers, Dr. and Mrs. Balnenburg, Dr. and Mrs. S. F. Smith, Dr. and Mrs. Joe Smith, Dr. and Mrs. Morris, Dr. and Mrs. E. A. Shaper, Dr. and Mrs. W. H. Moore, Dr. and Mrs. T. M. McNamara, Dr. and Mrs. O. P. Goodall, Dr. and Mrs. Fogg of Wasco, Dr. Yvall of McFarland, and Dr. Leland Ellis.

The Society will be the guest of the Taft members at Taft January 17, 1924.

The sympathy of the Society is extended to Dr. T. M. McNamara, who suffered the loss of his father.

Dr. Kathlyn Ellis has returned home, but is still in poor health.

The County General Hospital building is rapidly nearing completion. It is felt that it will mark a new era of co-operation and expansion of our Society in every useful way.

Manuel Salis has been appointed milk inspector for the newly created Bakersfield district by the Health Officer. Mr. Salis will devote his entire time to milk inspection.

The Mercy Hospital of Bakersfield, conducted by the Sisters of Mercy, contemplate adding a wing to their structure this coming spring, giving to Bakersfield the added facilities of twenty new rooms.

LAKE COUNTY

Lake County Hospital Annex—The new annex to the County Hospital has been completed. The annex comprises five new rooms, pantry, bath, and basement, the latter making a convenient and suitable quarters for the garage, woodroom, storeroom, and laundry. Two detention rooms are also located in the basement. There are now seven rooms for patients, which will accommodate approximately from 21 to 25 people.

LOS ANGELES COUNTY

Twentieth Annual Report of the Barlow Sanatorium, Los Angeles—The Barlow Sanatorium was founded in 1902 for the purpose of giving refined people of small means, who are suffering with pulmonary tuberculosis in the curable stages, an opportunity of receiving sanatorium treatment and care; and we feel that the results of twenty years' work have justified the undertaking. While there may be some who have not appeared to benefit by their stay in the sanatorium, the great majority of patients treated have made improvement, and a large percentage have been returned to their homes and work apparently cured.

In spite of the ever-increasing cost of maintenance, we have been able to keep the charge per patient down to $10 per week, which includes everything the patient needs; and because we have been able to handle more cases this past year, the cost per capita has not risen as high as might be expected. Our average number of patients has been 76.8 as compared with 70 the previous year, and the average cost per capita per week was $20.70. The endowment fund is $310,000.

In order to be admitted to the Barlow Sanatorium, patients must (1) have lived in Los Angeles County at least one year immediately before admission; (2) they shall secure $10 per week, which amount covers one-half the actual cost of care; (3) they must be in need of financial assistance; (4) they must be examined by one of the sanatorium staff; (5) they must be free from complication, such as tuberculosis of larynx, intestines, bones, etc.; (6) they must be in such condition that there is reasonable prospect of permanent benefit. In complying with the above conditions, it would naturally follow that many applications are received which cannot be accepted. The following table offers a better idea as to the number of applications received, accepted and rejected and the causes for rejection:

Total number of applicants	391
Applicants accepted	143
Applications deferred at the end of the year	136
Applications rejected	87
Withdrawn	25
No tuberculosis	11

Cottage Hospital, Burbank, Changes Hands—Miss Norma Short is now the sole owner of the Cottage Hospital. Recently the interest of Miss Beulah Newton was purchased by a third party, who in turn sold it to Miss Short, who will manage the hospital with a staff of six.

Murphy Memorial Hospital, Whittier—A recent number of the Whittier News contains an interesting illustrated article about the Murphy Memorial Hospital of which the community is justly very

proud. A new fifty-bed wing is nearing completion. It is one of the few smaller hospitals that is a completely equipped and organized general hospital.

New Glendale Sanitarium Nears Completion—This new health agency operated by the Seventh Day Adventist denomination has been planned to be the "Battle Creek of the West." The acreage at Wilson avenue and Sycamore Canyon road is ample and attractive. The site and improvements are valued at nearly $1,000,000. H. G. Westphal, M. D., is director, Mr. C. E. Kimlin, manager, and W. J. Johnson, resident physician of the medical plant.

MONTEREY COUNTY

Monterey County Medical Society (reported by T. C. Edwards, secretary)—Officers elected to serve the Monterey County Medical Society for 1924 are: President, William H. Bingaman, Gonzales; vice-president, William Gratiot, Pacific Grove; secretary, J. A. Beck, Salinas; treasurer, T. C. Edwards, Salinas; delegate, W. R. Reeves, Salinas; alternate, J. A. Beck, Salinas.

SACRAMENTO COUNTY

Sacramento Society for Medical Improvement (reported by G. J. Hall, secretary)—The following officers have been elected for the year 1924: G. N. Drysdale, president; F. N. Scatena, vice-president; G. J. Hall, secretary-treasurer. Directors, G. N. Drysdale, F. N. Scatena, W. W. Cress, J. B. Harris, C. E. Schoff, G. P. Dillon.

Meetings of the Society will be held the third Tuesday of each month at the Sacramento Hotel, 8:30 p. m., with lunch after the meeting.

On January 15, W. R. Briggs read a paper on "Pathology of the Eye in Relation to General Pathology."

The Sutter Hospital Opened—The Sutter Hospital at Twenty-eighth and L streets, a modern institution for the treatment of the sick, was formally opened on December 2. Many floral pieces and notes of congratulation and wishes of success were sent to the hospital, which was open from 2 o'clock until 10 o'clock for public inspection. The stockholders were taken through the hospital in groups by physicians, who explained the systems which will be employed and the details of the equipment.

T. Binkley is house physician. Members of the board of directors of the hospital association are Drs. G. A. Spencer, president; W. A. Beattie, first vice-president; George A. Briggs, second vice-president; E. T. Rulison, treasurer; J. W. James, secretary. Dr. James, chief of hospital staff; Dr. F. N. Scatena, assistant. Miss E. Wolfinder, head nurse.

SAN BERNARDINO COUNTY

San Bernardino County Medical Society (reported by E. J. Eytinge, secretary)—The Society met January 8 at the San Bernardino County Hospital, with 30 members present, 50 absent, and 10 guests. The following program was given:

"Infections of the Hand and Forearm." By P. M. Savage. Discussion opened by E. J. Eytinge.

"Demonstrations and Discussions of Interesting Pathological Specimens." By R. B. Hill of Los Angeles. Discussion opened by N. G. Evans.

"Discussion of One Thousand Hysterectomies." Lantern slide demonstration of operative technic. By E. C. Moore of Los Angeles. Discussion opened by C. G. Hilliard.

There was a demonstration of the Spencer Delinearscope.

A. N. Kerr and V. L. Minehart of Arrowhead and Lenore Campbell of Loma Linda have been elected to membership in the Society.

The secretary again requests that the names of any eligible physicians who are not members of the county society at present be sent to him. It is just as important to get a former member back into the Sociey as it is to enroll a new one. The State Society is making a special point of this matter.

SAN DIEGO COUNTY

St. Joseph's Hospital—This splendid new hospital is now nearing completion. The seven-story modern building is located on a five-acre tract of land on quiet streets. The main building is 260 feet long by 44 feet wide. Provision is made for two additional wings when they are required.

The Sisters have taken an advanced but praiseworthy position in devoting nearly all of the space to single and double rooms.

The Sisters of Mercy opened their first hospital in San Diego in 1890, and progress in building and improvements in service have been constant since that time. The new hospital is a credit to the Sisters, to San Diego and to the physicians, who have heretofore been somewhat handicapped for lack of hospital beds for their patients.

The hospital will be equipped for radio connection in every private room. So a sick person at St. Joseph's can lie upon his bed and keep in close touch with a vast portion of the world in a practically uninterrupted series of programs.

La Jolla Sanitarium—The new addition is now under construction and when completed will enhance the beauty and usefulness of the hospital very much. The building will be of the monolithic reinforced construction and will be one of the most up-to-date hospitals on the coast. This new addition will almost double the capacity of the hospital.

SAN FRANCISCO COUNTY

San Francisco County Medical Society (reported by J. H. Woolsey, secretary)—During the month of December, 1923, the following meetings were held:

Tuesday, December 4—Committee on Medicine—Symposium on Treatment. (To be concluded next month.) What constitutes therapy?—Harold P. Hill. The psychology of sickness; the attitude of physician to patient—J. Wilson Shiels.

Tuesday, December 11—Annual Meeting—Reports of officers, committees, etc. Announcement of election (see below). Medical activities of the Veterans' Bureau—Herbert C. Watts, Chief Medical Division, Twelfth District. The principles and practice of case-rating—James G. Donnelly, Chief Rating Section, Medical Division, Twelfth District. The rehabilitation of a veteran suffering with a neuropsychiatric disability—Irving E. Charlesworth, Chief Neuropsychiatric Subsection, Medical Division, Twelfth District.

The following officers were declared elected for 1924: President, Emmet Rixford; first vice-president, Joseph Catton; second vice-president, Mary J. Mentzer; secretary-treasurer, J. H. Woolsey; librarian, Leo Eloesser; board of directors, Thomas Addis, Hans Barkan, L. H. Briggs, Edmund Butler, W. E. Chamberlain, E. C. Fleischner, M. R. Gibbons; delegates 1924-25, W. C. Alvarez; Edmund Butler, Joseph Catton, W. E. Chamberlain, E. C. Fleischner, M. R. Gibbons, J. H. Graves, Sol. Hyman, W. J. Kerr, A. R. Kilgore, J. C. Neel, H. A. L. Ryfkogel, William E. Stevens, V. G. Vecki.

Meeting of the Eye, Ear, Nose, and Throat Section of the San Francisco County Medical Society, October 23, 1923, E. F. Glaser, presiding (reported by F. C. Cordes, secretary)—Melanosis of the Conjunctiva—Louis C. Deane, in presenting the case, said that the most noticeable feature of an eye is its pigment. Its remarkable distribution, its normal variations in quantity and location, and again, its spectacular feature, lying there without apparent function, except as to curb or retain the light-rays, it can by some unknown process, fulminate into a growth so malignant as to claim at least an eye, if not a life. This is so of any part of the eye where pigment normally exists, whether choroid, ciliary processes, or iris. Pigment can creep into parts where it does not belong where it becomes a greater menace in that, with the tissue it has invaded, it may assume a tumor form and in most instances a malignant form.

Pigment is not present normally in the conjunc-

tiva or sclera. The limbus seems to be the connecting link between the pigment of the uveal tract and epibulbar region, for it is here that in the colored race we see a ring of pigment encircling the cornea, and it is in this region that the melanosarcoma of the conjunctiva is seen.

Mrs. H., middle-aged woman, always in good health, twenty-five years ago noticed in the right eye only some diffused brownish spots in the white of her eye, gradually increasing until they became coalescent. She states that the amount varied, increasing in quantity following excessive use of eyes or general fatigue.

I saw her first in February of this year. She consulted me not for the pigmentation, but for a small growth on the eye that had been increasing in size for nine months. The first thing noticed was a diffused brownish black pigmentation of her entire ocular and palpebral conjunctiva extending into the cornea for a couple of millimeters on its surface epithelium. A growth about 6x4x3 mm. was situated at the outer limbus on the horizontal meridian, deeply pigmented and movable, except for its proximity to the cornea.

The fundus showed no variation from normal, the iris was similar in color and appearance to the left eye and the cornea was normal except for the slight encroachment of pigment at its edge. Vision 20/20 and always the better eye of the two, so she states. The tumor looked malignant, and I extirpated it including surrounding conjunctiva and cauterized the underlying sclera, bringing the conjunctiva together with stitches. The wound healed as after a pterygium operation, and there has been no recurrence.

While cleansing the eye with cotton previous to the operation, I was astonished to find that I could wipe off the pigment from the conjunctiva, staining the cotton swab quite black. I repeated this on following days, and could always wipe off pigment.

Dr. Ophuls of Stanford University states that it is a non-malignant growth, with a diagnosis of melanosis of conjunctiva.

Since the operation, nine months later, the amount of pigment in the conjunctiva has markedly diminished, only appearing now in large circumscribed patches. She states that this diminution has occurred before.

The following thoughts seem to be of interest:

1. The varying intensity and quantity proving an active process of pigment proliferation.
2. Is the diminution of pigment due to absorption, or is it just wiped or washed off by the action of the lid, as I was able to remove some with a dry cotton swab.
3. It would seem that the activity of pigment production and recession has no bearing upon malignancy, as this tumor proved contrary to the rule.
4. Excluding congenital conjunctival nevi or moles or brown pigmented spots seen in dark people, any melanosis of the conjunctiva, no matter how mild, is very liable to develop into malignancy.

Fuchs states "that in most cases melanosarcoma develops." Weeks prefers to remove such spots surgically before waiting for further developments. Verhoeff and Loring say 80 per cent in favor of malignancy. Dean, with a cotton swab, then proceeded to demonstrate the wiping of the pigment from the conjunctiva.

Discussion—Pischel remarked that it was the first case of its type he had seen, especially interesting was the fact that the pigment could be brushed off so easily.

Obarrio interested in two points. The wiping off of the pigment is due to proliferation of pigment cells. Also there was 60 per cent more pigment present before operation, he having seen the case. He does not understand why removal of the tumor has stopped pigment proliferation unless due to the changing of vascular supply. The pigmentation has been receding ever since the operation. In 1903 he reported a case of marked pterygium and pointed out that if the blood vessels of the conjunctiva in healing turned upon themselves and did not ramify on the cornea there was no recurrence. In this case that has taken place and so thinks there will be no recurrence.

Franklin pointed out that melanosis is rare. We have naevi or circumscribed tumors of the iris that are considered congenital. Feels that subconjunctival injection might hasten absorption of this pigment.

Frederick feels that pigment must have broken through to allow wiping same off.

Deane in closing quoted Ophuls' report, "the upper layers of the epithelium are missing," and perhaps this accounts for the fact that the pigment can be wiped off.

Cataract Extraction Technic With Reference to Antisepsis and Iris Anesthesia—P. de Obarrio reviews cataract classification, observing that we should strive to determine two important factors—thickness of the capsule and size of the nucleus.

Slit lamp gives most valuable information, but its expense is prohibitive. Author uses the telescope of an ordinary ophthalmometer, and by projecting a strong light directly on anterior segment patient's eye and omitting entirely the mire-lights, a lot of valuable information can be obtained as to condition of iris, lens, capsule, etc. The double image produced by prisms is eliminated by removing same or by moving observer's eye to one side.

Reviews technic of preparation of instruments and patient. Makes a special point of the use of rubber gloves. Hands must be dry, glove-fingers short and well-fitting over tips. Avoid powder outside of gloves. When gloves on, wet with bichloride and just dry excess of liquid; this procedure gives necessary cohesion to instruments. Instrument handles should be preferably octagonal, as they give feeling of being "geared" to fingers. No appreciable loss of feeling with gloves.

Lays particular stress on use of mouth and nose cover for operator and assistants. Shows culture plates and tubes of result of experiments on exposure of operation field for five minutes under mouth and nose protection as well as without it, showing great increase in number of colonies as compared with check plate-cultures. Demonstrates that conjunctiva is never sterile, but principal organisms present are Xerosis bacilli from 80 to 94 per cent and staphylococcus albus from 70 to 85 per cent both of which are not necessarily pathogenic. Real danger of traumatized cornea is in the presence of pneumococcus, which cannot migrate through nasal duct of patient because of ciliated epithelium of same; hence, if present, must have been transplanted by hands, instruments, or by the action of speaking into the field of operation without nose and mouth protection. No excuse for avoiding all precautions, otherwise operator may be legally liable.

Absolute iris anesthesia produced by direct instillation of 4 per cent novocaine with adrenalin into anterior chamber immediately after corneal section.

Explains the mechanism of his method of lid traction to produce minus pressure on globe during operation. Claims lid traction to be the greatest factor of safety in ocular surgery and by far the most important advance in the technic of cataract extraction. Technic is based on clinical observation that eyes in which cornea collapses after section never produce vitreous loss. Author endeavors to produce this condition of minus tension artificially in all eyes to prevent vitreous loss as well as to assist in the replacement of the iris or the management of vitreous prolapse.

Very special stress is laid on the clinical fact that traction on the zonula can be exercised to a very great extent without producing reaction. On the other hand, compression in the neighborhood of the ciliary region to expel a lens produces considerable reaction. Intracapsular extractions by expressing

methods invariably produced irritable slow-healing eyes. Intracapsular extraction by traction produces considerably less reaction and frequently no reaction. Traction on zonula can be produced to an extent that may appear alarming without reaction and without vitreous loss if coupled with lid traction in accordance with author's technic.

Discussion—Franklin remarked that the paper had some very practical suggestions. The reason for so few infections in cases of poor technique is probably due to the washing away of the bacteria by the aqueous. We cannot use strong enough solutions to sterilize the conjunctival sac without injury. In the lavage it is really a mechanical cleansing. He has worn gloves in every case for the past ten years, and finds it does not interfere with the sense of touch, provided gloves are worn in every case. Feels that operation without a speculum is safer and easier on the patient.

Maghy pointed out the necessity of determining the type of cataract.

Frederick feels that a new knife is necessary in every case. He has seen Obarrio operate, using the iris anesthesia and saw that it worked well. However, the fewer instruments put into the anterior chamber the better the result and the less danger. Also feels that the advantage gained does not warrant the additional risk. He could not become accustomed to gloves and, inasmuch as the part of the instrument entering the eye is not touched, sees no necessity for same.

Pischel remarked that in Axenfeld's clinic, if the examination of the conjunctival smear showed staphylococcus aureous, the operation was postponed. The use of codein before the operation is a great help, as is also the paralysis of the orbicularis as described by Derby at the last A. M. A. Subconjunctival injection helps sufficiently so that intraocular instillation of cocain is not necessary.

Obarrio in closing wants to emphasize the holding up of the lids to produce a minus tension and also the wearing of gloves and a mask to guard against any outside infection.

Alveolar Fistulae With Reference to the Antrum—Merton J. Price presented a paper on this subject that will appear in full in the Journal.

Discussion—Sewell finds difficulty in closing the flaps; the making of flaps from the roof of the mouth is rather disappointing as they don't slip over, but are rather inelastic. The pressure of the blood supply is extremely important.

Deane remarked that he did not agree with Price that 80 per cent of antrum trouble came from teeth. He felt that many cases resulted from acute rhinitis, and that probably 80 per cent came from nose and throat and not teeth.

Graham was surprised to learn of the great number of fistulae, and thinks that this is due to the fact that radical dental surgery has been done so generally the last five or six years. He is rather certain that there are more now than formerly. The radical dental surgery permits more necrosis of the soft parts, and dentists should be warned to use the curette most carefully. He also feels that the nose and throat are responsible for more antrum infection than the teeth.

Price in closing stated that many failures of flap operations were probably due to the flap being too small, and there being too much tension. The failure of the dentist to recognize antrum infection and of the ear, nose, and throat man to recognize tooth infection is an important factor. Dentists still remove teeth for drainage of the antrum. The increase on the number of fistulae is probably due to the fact that many dentists with improper training attempt dental surgery.

Eye, Ear, Nose, and Throat Section of the San Francisco County Medical Society Met Tuesday, November 27, 1923, Edward F. Glaser presiding. (Reported by Frederick C. Cordes.)

Robert D. Cohn presented a paper on Halle's clinic with especial reference to his endonasal surgery. The full paper will appear in the January issue of this Journal.

Warren D. Horner presented a paper on the present aspect of post-graduate and clinic work in Vienna. The author reviews conditions in Vienna as he found them in an eight months' stay at the eye, ear, nose, and throat clinics from September, 1922, to June, 1923.

The importance of the American Medical Association of Vienna to the visiting physician is emphasized. This association, which is more than 12 years old, maintains clubrooms near the hospital. These serve both as a bureau for post-graduate courses and as a social center for all visiting English-speaking physicians. The membership runs from 100 in the winter months to about 250 in the summer.

The association is now up to its pre-war strength and effectiveness. The president, Bernard Kaufman of San Francisco, deserves to be congratulated for his excellent work during the reconstruction period. Courses of study are catalogued and announced by or through the association, which has arranged with the faculty for a standardized fee system. It also acts as financial agent for both student and instructor. The listing of available courses and the standardizing of their fees is of the utmost importance to the visiting physician. Practically all courses may be had in English, but a knowledge of German is naturally of great advantage. A wide variety of work may be had at the various hospitals, clinics, and institutes.

Prices for instruction run from $3 to $5 per hour for lectures or demonstrations, and from $15 to $50 per month for clinic work, depending upon the amount of individual instruction given. The fee is divided equally among the men taking the work, and all fees are quoted and paid in dollars.

Operative work on the cadaver is plentiful and good. Operations on the living are only obtained after months of work at the same clinic or perhaps in a few cases by private arrangement with some surgeon.

Owing to the low value of the kroner and the small fee obtainable for an office visit, teaching Americans for American dollars has become unusually popular among the faculty. Many of the Austrian faculty underrate American knowledge and methods in medicine. They are perhaps influenced in this view, because so many Americans go to Vienna for post-graduate instruction. However, those of the faculty who have been to America are enthusiastic over what they saw and give us the full credit that we deserve in the medical sciences. The Austrian cannot understand the common practice of so many of our best men devoting their entire time to private practice. The Austrian physician prefers the honor and title incident to a university clinic appointment more than a larger private practice. This makes for better post-graduate facilities there, and is one of the fundamental reasons why post-graduate work is better in Austria than in America.

Living conditions are good in Austria. Living costs are lower than in America; good pension board, room and service may be had, for example, at about $40 per month. Other items are proportionately low.

Austria's general political and financial conditions are improving steadily, due to her own efforts and the stabilizing effect of an allied loan.

Vienna offers many attractions to the visitor, outside of medicine, in the beauty of its public buildings, its parks, its operas, and its picturesque surroundings.

Polyclinic Opens New Clinic—A free diphtheria prevention clinic for children was opened recently at 1545 Jackson street as a branch of the San Francisco Polyclinic. Children between the ages of 6 months and 15 years will be given the Schick test

and the toxin-antitoxin permanent immunization injections.

Southern Pacific General Hospital (reported by W. T. Cummins, secretary)—The monthly staff meeting of the Southern Pacific General Hospital, San Francisco, was held on Monday, January 7. The following officers were elected for 1924: Chairman, F. K. Ainsworth; vice-chairman, W. B. Coffey; secretary, W. T. Cummins.

Brief talks were made by W. I. Terry, W. B. Coffey, P. K. Brown, W. F. Schaller, and R. J. Dowdall relative to the large number of interesting clinical cases which the hospital offers for study and treatment and to the importance of others than the staff participating by invitation in the scientific program.

St. Luke's Hospital Makes Staff Changes—A new professional staff for St. Luke's Hospital was appointed at a meeting of the board of directors held recently. This was the first meeting of the directors since the termination of the affiliation agreement with the University of California Medical School. The new staff is as follows:

Alanson Weeks, chief of division of surgery; Harld P. Hill, chief of division of medicine; A. J. Houston, chief of department of otorhinolaryngology; G. L. McChesney, chief of department of orthopedic surgery; W. P. Willard, chief of department of urology; Otto Barken, chief of department of ophthalmology; E. I. Leavett, chief of department of anesthesiology; Howard Morrow, chief of department of dermatology; E. V. Knapp, chief of department of pathology; J. M. Reyfisch, chief of department of X-ray; T. G. Inman, chief of department of neuropsychiatry; W. G. Moore, chief of division of gynecology and obsterics; R. K. Smith, chief of obstetrics; George Lyman, chief of division of pediatrics; William Ophuls and G. Y. Rusk, consultants in pathology.

In addition to these the following doctors were named as associate members of the staff: Philip Arnot, Rea Ashley, Hans Barkan, LeRoy Brooks, Z. E. Bolin, Paul Castelhun, E. Christianson, R. L. Dresel, A. C. Gibson, W. H. Hill, William Kenney, M. G. LaPlace, R. V. Lee, H. E. Miller, E. W. Parsons, G. Partridge, J. C. Parrott, J. M. Read, B. Stone, L. Taussig, J. C. W. Taylor, and G. S. Wrinkle.

Last June Howard H. Johnson assumed the management of the hospital. The officers and the board of directors, under whose management the hospital has been conducted since May, 1920, are as follows: B. H. Dibblee, president; William H. Crocker, vice-president; Clifton H. Kroll, vice-president; Frederic M. Lee, secretary-treasurer; Frank P. Deering, Miss V. Newell Drown, A. B. McAllister, Louis F. Monteagle, Rt. Rev. William Ford Nichols, George A. Pope, and Dr. W. A. Phillips.

St. Joseph's Hospital Staff of San Francisco reviewed syphilitic therapy on January 9. Harry C. Coe of Stanford Medical School outlined the modern treatment of the disease, touching upon the old and new drugs and the criteria of cure. Howard W. Fleming of the University of California Medical Department illustrated operations upon the brain and spinal cord for luetic lesions. Ethan Smith, Harold Wright, C. Nixon, P. Collischonn, and W. T. Cummins discussed several features of the topic.

The program for the meeting of February 13 follows:

Particulars of syphilitic therapy in: (a) Obstetrics and Gynecology, A. B. Spalding of Stanford Medical School; (b) Pediatrics, M. L. Cohn, University of California Medical Dept., and (c) Neurology, J. M. Wolfsohn, Stanford Medical School.

SAN JOAQUIN COUNTY

Conference of State Hospital Officials—Superintendents of the State hospitals and institutions of California recently held a three days' conference at the Stockton State Hospital as the guests of Dr. Fred P. Clark, superintendent. The purpose of holding these conferences is to discuss plans for increasing the efficiency of the State institutions and make plans for the 1924 program. Members of the board of control and Governor Richardson attended the meeting. Those attending the conference were Mr. Walter Wagner, director of State institutions; Leonard Stocking, superintendent of the Agnew State Hospital; J. M. Scanland, superintendent of the Napa State Hospital; D. R. Smith, superintendent of the Mendocino State Hospital; O. S. Applegate, superintendent of the Norwalk State Hospital, F. O. Butler, superintendent of the Sonoma State Home; John A. Reily, superintendent of the Southern California State Hospital at Patton; Mr. Edward Twogood, secretary of the State department of institutions.

An elaborate entertainment and dance was given in the women's department of the hospital. Patients and attendants took part in the program, and moving pictures were shown.

San Joaquin County Medical Society Approves Health Unit—The Stockton Record says: "Endorsement of the San Joaquin health district's work was given by the San Joaquin County Medical Society directors last night, but approval of the district's plans for raising money was deferred until a vote can be taken at the February meeting of the Society. Fred Conzelman, who presided, stated that, despite their personal opinion that the cause is worthy, the directors felt that they did not have the power to act.

H. S. Chapman was appointed director of the clinic for another year, and was commended for his work during the time he has been in charge.

SANTA BARBARA

Santa Barbara County Medical Society (reported by A. C. Soper Jr., secretary)—The Society, to the number of 33 members, five internes as guests, and B. E. Merrill of Santa Paula, assembled at the Samarkand Hotel January 14. The annual banquet began at 7:30, and was presided over by President Means, the table being arranged in the form of a "T," with the officers and speakers at the head table. The banquet finished at 9.

H. J. Ullman, at the suggestion of the president, gave a humorous demonstration of the influence of thought-waves on an electrically controlled instrument, which flashed, wavered, or failed to shine, according to the intensity of thought in his "victims."

Mr. Edward F. Brown, prominently identified with the city improvement movement, by invitation gave an address on the necessity of development of the individual as a preface to that of the community, and touched upon many ideas for the betterment of the criminally inclined class.

William J. Melliner read a humorous description of California, with pithy comments on the rival cities, north and south.

Moses Thorner of Santa Maria spoke briefly on his appreciation of California, and claimed special supremacy for his own town.

The annual report of the secretary-treasurer was read and accepted.

Notice of application for membership by transfer of Irving Wills and W. H. Eaton met with approval, the matter to be referred to the censors in the usual manner.

Election of officers for 1924 resulted in Samuel Robinson being elected president; Franklin R. Nuzum, vice-president, and Moses Thorner and Edwin F. Smith, the first and second vice-presidents-at-large. The secretary-treasurer, by unanimous vote, was instructed to cast a ballot for himself for re-election.

Santa Barbara Cottage Hospital—The third Annual Clinic Day and banquet was held Monday, January 14, 1924, Franklin R. Nuzum, general chairman; Rexwald Brown, chairman surgical committee; Hugh Friedell, chairman medical committee; William J. Mellinger, chairman ear, nose, and throat committee. The following physicians took part in the clinics: Henry J. Profant, Phillip C. Means,

George S. Wells, William J. Mellinger, H. F. Pierce, Samuel Robinson, Rexwald Brown, H. L. Schurmeier, L. W. Hotchkiss, George W. Jean, Franklin R. Nuzum, Allen Williams, George R. Luton, H. J. Ullmann, W. D. Sansum, Ben Bakewell, Nathaniel Brush, H. O. Koefod, W. H. Campbell, H. E. Henderson, G. S. Loveren, and Hugh F. Freidell.

SANTA CLARA COUNTY

Santa Clara County Hospital—A new two-story wing to accommodate 50 patients and a central power plant have just been completed. The first floor of the new wing will be used for admission and emergency services. The second floor and solarium will be used for surgical patients. The large, airy basement will be utilized for physiotherapy. The additions cost about $220,000, including equipment.

The hospital occupies a forty-acre tract of land, and now has accommodations for 300 patients. Doxey R. Wilson, M. D., is director of the hospital. Frank Johnston is resident physician, with three young physician assistants. The visiting staff is made up of members of the Santa Clara County Medical Society.

Columbia Hospital Becomes Garden City Hospital—The Columbia Hospital was taken over by L. J. Belknap January 1, and will be conducted in future under its original name, Garden City Sanitarium. It will continue under the management of R. D. Brisbane, co-operating with Belknap until next summer, when the buildings will be removed to make way for the new junior high school, for which the land was recently purchased by the Board of Education. The concrete building and two cottages will be removed onto land owned by Belknap facing on Santa Clara street. The concrete building will be enlarged and equipped with modern appliances for a first-class hospital and will be conducted with one of the best equipped physiotherapy plants on the coast. This latter is already equipped and running. The wooden building will be wrecked.

SOLANO COUNTY

Solano County Medical Society (reported by A. V. Doran, secretary)—Edgar Peterson has been appointed assistant surgeon for the Southern Pacific Company for the Vallejo district.

Fred Heegler and George Thornton Sr. have been appointed members of the Board of Health.

B. J. Klotz died December 17, 1923, his death being caused by hemorrhage from the stomach—perforation of ulcer into blood vessel.

Mrs. B. J. Klotz has been appointed coroner and public administrator for the unexpired term of B. J. Klotz, deceased. J. Brownlie has been appointed deputy coroner.

SONOMA COUNTY

Sonoma County Medical Society (reported by N. Juell, secretary)—The Society met on January 10, with 14 present, 24 absent, and two visitors. The program was as follows:

"Fifty Years in Medicine," by N. Juell.

Discussion of "Professional Ethics," led by E. W. Bixby.

Sonoma County Hospital Improvements—Repairs and improvements have been carried out for the Sonoma County Hospital to the value of $10,000. About half of this money was spent for new furniture and equipment, and the balance was used in renovating the building.

Petaluma General Hospital—This hospital, located at Sixth and I streets, has recently been enlarged by the addition of a wing connecting the main hospital building and the maternity ward so that the entire group of buildings is now on one floor with the same elevation. The hospital has been improved and beautified, while there are additional conveniences for physicians, patients, and nurses. The new addition, designed by B. Jones, includes the new administration department, reception room and office, several large private rooms for patients, as well as sun rooms, corridors and convalescent quarters.

STANISLAUS COUNTY

Stanislaus County Medical Society (reported by R. E. Maxwell, secretary)—Society met at Hotel Modesto, December 14, the meeting beginning with a banquet. President E. R. McPheeters presided.

Members present were: B. F. Surrhyne, Walter Smith, C. E. Finney, Carl Benson, J. W. Morgan, E. F. Reamer, E. G. Allen, J. A. Young, J. L. Collins, F. W. McKibbon, C. E. Pearson, E. R. McPheeters, R. E. Maxwell, H. Smith, C. I. Bemis, J. L. Hennemuth, L. D. Mottram, F. R. De Lappe, and E. F. Hagadorn.

E. R. McPheeters explained the formation of the new association formed by the nurses in this county. Also that they had formed and stipulated a new official nurses' registry.

Owing to the irregular manner in which this had been accomplished, it was moved by B. F. Surrhyne and seconded by J. W. Morgan that the registry, formerly maintained by Mrs. Craddock on Hackberry street in Modesto, be recognized by our Society until the State Association of Nurses regularly organizes as such in this county, and their official announcements sets forth a definite registry as being official.

Officers for the year 1924 were then elected as follows: R. E. Maxwell, president; J. L. Hennemuth, vice-president; E. R. McPheeters, secretary-treasurer; C. I. Bemis, censor; E. R. McPheeters, State delegate.

P. N. Jacobson of Oakland read a paper on "Value of Cystoscopy and Pyelography in Abdominal Diagnosis," supplemented by X-rays.

Q. O. Gilbert, formerly instructor of medicine at the University of Michigan, gave a talk on "Perverted Physiology of Right Upper Abdomen," augmented by an excellent series of X-rays with a valuable explanation of same.

A vote of thanks was extended to the speakers for their interesting and instructive papers.

McPheeters Hospital Addition—A new addition to provide additional rooms, physicians' offices, a complete X-ray room, two treatment rooms and a laboratory to McPheeters Hospital, Modesto, is now under construction. Above the new addition will be constructed a pergola for convalescent patients. Improvements are being made on the nurses' home adjoining the main hospital. E. R. McPheeters plans to move his offices to the hospital when construction work is completed.

TULARE COUNTY

Tulare-Kings County Joint Tubercular Hospital to Have Addition—Contract has been awarded for the building of a children's ward as an annex to the present bi-county tubercular hospital at Springville. This annex is to cost $57,697, and will contain 40 beds for children.

YOLO COUNTY

Yolo County Medical Society (reported by Lela J. Beebe, secretary)—Two new members have been admitted to this Society: J. Edward Harbinson of Woodland and Thomas E. Cooper of Davis.

Woodland Clinic—Clinical meetings are held every two weeks at the Woodland Clinic (Fred R. Fairchild, M. D., director), open to all physicians and others especially interested. During December the following papers were read: "The Relation of the General Practitioner to Industrial Accident Cases," by W. J. Blevins. "Fractures of Long Bones," by Fred R. Fairchild, the latter being illustrated by lantern slides and clinical demonstrations. J. E. Harbinson read a paper on "A Presentation of Some Interesting Problems in Gall-Bladder Disease," and John D. Lawson on "The Diagnosis of Gall-Bladder Disease by use of the X-ray."

THE OPTOMETRISTS AND THE ELEVATION OF STANDARDS

In the present position of the optometrists in Minnesota, and their apparent efforts to build up their professional standards, we find and notice many of the steps followed some twenty years ago by the medical profession. Their attitude toward the medical profession deserves some analysis. It is quite apparent that their work is essentially the fitting of glasses. They have no desire to be classed with opticians—men who, in addition to the mechanical work of preparing and framing lenses, often advance into the position of commercial spectacle fitters and merchandisers. The optometrists, in a measure, frown upon the credentials of the opticians who invade their field of glass-fitting, and here we note the beginning of a spirit which aims to advance their own professional standing and secure recognition for their credentials.

The optometrist attests that his reason for the use of the term "doctor" is perfectly correct because he has the degree of "Doctor of Optometry"; that Columbia and some three or four other colleges offer courses of four years' duration leading up to this degree, the entrance requirements for which are a four-year high school diploma, as it is for other departments. (They admit, however, that like other cults the course of four years may be considerably shortened by the use of summer courses.)

To all direct inquiries as to qualifications, the conscientious optometrist would, of course, disclaim any intention of being an M. D. Nevertheless, above all of this effort on his part to practice only on his merits, appears the very obvious fact that most of the public makes no distinction between him and the medical oculist, and he most certainly basks in the reflected distinction and standing of the medical profession as a whole. It may be quite safely predicted that, if conscientious students and practitioners of optometry hold faithfully to their promises and keep up both their entrance requirements and matriculation standards for licensure, soon the keenest men among them will see the great advantage of applying two or three further years of study, and entering the medical profession proper. This would leave those without such zeal and professional spirit to seek a short-cut to a good position and a livelihood by holding all the requirements down and thereby abandoning the professional for a trade spirit. No doubt this contest is on, at least to some degree, within the ranks of optometrists. It must be apparent to their good men that the broader knowledge of the human body is absolutely essential if they are to be more than skilled salesmen of glasses; certainly, if they are to rise above merchandising and be able to give their clients native instruction, education or direction—ideas good even for their souls as well as their bodies. They cannot attain this position of power without the very fullest knowledge that can be acquired at the particular period of their study.

Reasoning along this basis, the decisive opposition of the optometrists to our Basic Practice Act in the last legislature was ill-advised and illogical. It was the recoil of those fearful of their own position, yet firm in an appreciation of their own fitness. Among other assertions, they contended that they were willing to demand tests in basic sciences as "applied to the anatomy, physiology," etc., of the "head and neck!" They seemed to overlook entirely that there is nothing in the neck which begins to have the association with ocular disease that the kidney has, or (even more illustrative of the point) that nothing in medicine may quite so vitally influence the eye as syphilis—a disease with the most protean and universal bodily manifestations.

Admittedly, good optometrists do not locate in thinly settled country sections; in no way do they claim that they serve the public any cheaper than regular medical oculists. Therefore, they cannot be justified on a basis of country service or lessened community cost—arguments so often heard in favor of graduating doctors of inferior grade and less training. The optometrists do not even openly proclaim that there are insufficient regular medical oculists to properly fit glasses. In fact, like most irregular medical practitioners, they congregate chiefly in thickly settled centers of population where, it is agreed by everybody, are found the greatest number of good oculists.

How, therefore, does the careful optometrist justify his cult, aside from the obvious purpose of making a living? He does so chiefly in the good old-fashioned way of proclaiming the "inferiority of the other fellow"; "His lack of understanding of muscle balance"; "the fact that many medical doctors fit glasses who have had only a few weeks of preparation to do so." They further offer the free presumption that their minds, being unfettered by other claims for attention, encompass more fully the particular principles of physics and optics involved in their work. They assert that their long line of satisfied customers proclaim their general usefulness and community need. In the undoubted fact that many of these men do conscientious and satisfactory work, we can foresee that they are with us to stay. Present European conditions confirm an old financial law, that a strong and a weak currency cannot exist simultaneously: the strong is hoarded, and goes out of circulation. Seven-year and four-year trained "doctors" cannot exist together indefinitely. Either a flux of the latter will destroy the initiative of the former, or the lesser trained must be brought up to an average consistent for both, and parity result.

A recent attendant at the A. M. A. convention in San Francisco returned with much to say about the furore among the California profession over the increasing number and power of the quacks and cults in that State. One of the teachers in Harvard Medical School, when queried about the outcome, is quoted as having said in effect that they have taken an osteopath into the staff of one of their teaching hospitals. There they propose to give him a chance and see what he will be able to accomplish. We must remember, in this connection, that the qualified optometrists are by no means "quacks." It seems entirely logical that we should assist them where possible to a further realization and attainment of professional standards; discarding advertising and holding their members to the strictest ethical code. Then, as they improve, let no other group, without any standards, be allowed to take their place.—Editorial, Minnesota Medicine, October, 1923.

THE 1924 LANE LECTURES

The Stanford University Medical School has announced the forty-second course of popular medical lectures, to be given at Lane Hall, north side of Sacramento street, near Webster, on alternate Friday evenings, at 8 o'clock sharp. All interested are cordially invited to attend. The lectures already given were: January 4—"Active Principles Derived From the Glands of Internal Secretion," P. J. Hanzlik; January 18—"Thyroid Disease," Clement H. Arnold; Friday evening, February 1—"The Secretion of the Anterior Hypophysis," Herbert M. Evans.

Lectures to be given during February and March are: Friday evening, February 15—"Hypophyseal Disturbances in Man," E. B. Towne; Friday evening, February 29, "Insulin and Diabetes," D. E. Shepardson; Friday evening, March 14—"The Effect of the Sexual Cycle on Voluntary Activity in the White Rat," Professor J. R. Slonaker.

Are You Giving Yours?—"Every man owes some of his time to the upbuilding of the profession to which he belongs."—Theodore Roosevelt.

Nevada State Medical Association

HORACE J. BROWN, M. D., Reno.....President
CLAUDE E. PIERSALL, M. D., Reno.....
..Secretary-Treasurer and Associate Editor for Nevada

ABSTRACTS FROM NEVADA MEDICAL BULLETIN

(Editor, C. E. Piersall, Masonic Temple, Reno, Nev.)

At the last business session of the Nevada State Medical Association, after the new officers were elected, the newly elected secretary was asked if the Bulletin would be continued for the year 1924. The answer was given in the affirmative, with a provision that assistance would be rendered the secretary. Our veteran secretary, now our 1924 president, has kindly offered assistance, which will no doubt be used. Any suggestions or criticisms, constructive in type, sent in by the members of the State Medical Association will be appreciated very much, and will help to increase the value and interest of the Bulletin.

Like "Bobby Duff's" letter to Santa Claus, handed the postman on December 26, preparatory for next Christmas, we are now beginning to prepare for our next year's program; in fact, we have already a nucleus formed by two papers on "Amoebic Dysentery"—one on the clinical aspects and one on the laboratory findings. This will probably be enough papers on the above-named subject, so you authors may exclude that subject and begin to write on something else. Several other papers have been promised, and a number of honorary members and visitors have signified their intention of presenting papers or discussions, if we only send them a written invitation and notice of the date of our meetings. We intend to do this, and on time. If any member wishes such invitation to go to his friend, or friends, outside of Nevada, we will gladly welcome their names and addresses to add to our list.

Remember, if you want to receive the California State Journal of Medicine hereafter, you must have your dues paid in advance. Seven dollars a year is the amount for all except those members who also belong to the California Medical Association.

President Brown has announced the membership of committees for 1924 and, with officers and trustees, they are as follows: President, Horace J. Brown; first vice-president, William M. Edwards; second vice-president, A. C. Olmsted; secretary-treasurer, C. E. Piersall; trustees, A. C. Olmsted, W. A. Shaw, A. P. Lewis; delegate to A. M. A., Horace J. Brown; alternate, J. LaRue Robinson.

Committees—Membership, C. W. West, Hal. L. Hewetson, B. Brown; Judicial, M. A. Robison, Donald Maclean, R. A. Bowdle; Scientific Work and Program, J. L. Robinson, A. P. Lewis, E. E. Hamer; Necrology, V. A. Muller, S. R. Clark, G. L. Dembsey; Council, C. E. Swezy, A. J. Hood, R. R. Craig, O. Hovenden, J. West Smith, D. A. Smith, S. K. Morrison, C. C. Bullette, C. H. Lehners, C. C. Blake; Entertainment, S. K. Morrison, W. L. Samuels, J. L. Robison; Public Health and Education, Henry Albert, W. A. Shaw, M. R. Walker; Military Affairs, the President, Vice-Presidents and Secretary.

The military affairs work will be quite important and great in amount so each ex-service member in good standing will also be placed on this committee.

Keep this list on file for reference.

Nevada News Items

J. R. Eby, Elko, recently sustained an injury to his right eye in an automobile accident.

The following officers have been elected by the Elko County Society for 1924: President, A. C. Olmstead, Wells; vice-president, J. R. Eby, Elko; secretary-treasurer, John E. Warden, Elko; councillor, H. A. Paradis, Montello.

A. F. Adams, Reno, has been appointed County Physician in place of A. R. Da Costa, resigned. This consolidates the offices of County Physician and City Physician of Reno.

The State Department of Child Welfare, which functions under the Sheppard-Towner Act, is being reorganized and the Governor will shortly announce the appointment of a new board to administer the Act.

W. H. Hood, Reno, has returned from a vacation of a month spent on the Coast, and has resumed practice.

The Elko County Society voted at a recent meeting to invite the State Association to meet at Elko in 1924.

Utah State Medical Association

J. R. MORRELL, M. D., Ogden - - President
WILLIAM L. RICH, M. D., Salt Lake - Secretary
W. R. CALDERWOOD, M. D., Associate Editor for Utah

Salt Lake County Medical Society (reported by M. M. Critchlow, secretary)—The meeting of January 14 was called to order by President A. A. Kerr. Forty-five members and two visitors were present.

Judge Harold M. Stephens spoke in behalf of Mrs. Stephens, chairman of the Home Nursing Committee of the Civic Center Board, in regard to training girls to do simple home nursing. He recommended that a committee be appointed to cooperate and advise with the civic center in regard to this matter. J. F. Critchlow moved that the society endorse the proposal to co-operate and advise with the civic center in regard to training girls in home nursing, and that the society co-operate with the civic center in carrying out this idea. Seconded by Middleton and carried. Holbrook moved that the Community Clinic Committee be appointed to act in co-operation with the civic center in the home-nursing project. Seconded and carried.

George Roberts presented a pathological specimen and gave the history of a very interesting and unusual patient who died of spontaneous rupture of the heart. Holbrook presented a case of tuberculosis of the spine with paralysis following injury, with improvement following treatment. X-ray films of the pathological condition were demonstrated. The case was discussed by J. F. Critchlow, Middleton, and A. J. Hosmer.

F. J. Curtis read a paper on "Dementia Praecox," stressing the etiological factors and the type of patient the disease occurs in. The paper was discussed by Roberts, Llewellyn, and John Z. Brown. Major S. C. Guerney of the United States Army gave a paper on "Medicine in the Tropics," stressing the importance of the laboratory diagnosis. He discussed diseases caused by amoeba, helminthes, and bacteria, diseases with unknown etiology and diseases caused by the absence of vitamines in food. The paper was discussed by Steele and J. F. Critchlow.

Applications for membership from F. K. Root, C. W. Woodruff, and J. C. Bown were read and given to the Board of Censors for action. The application of W. T. Cannon was voted on, and he was elected to membership.

A letter requesting aid for German physicians and scientists, written by William T. Peterson, secretary of the American Aid for German Medical Science, was read. Motion by Scott that the letter be layed upon the table. Carried.

BOOK REVIEWS

"The Infant and Young Child." By John Lovett Morse, M. D., Edwin T. Wyman, M. D., and Lewis Webb Hill, M. D.

This is a book that should be of great value to the young mother. It ought to relieve her of many worries and aid her more effectively to care for her infant because it is full of good, sound advice with little to which exception may be taken by the most critical. Especially is the teaching of preventive measures effective against the common diseases, as well as smallpox, diphtheria and tuberculosis, sound and complete.

The book is very well arranged. It is particularly interesting that the advice given can readily be applied for use on the Pacific Coast with little modification.

The authors stress the fact that many fallacies, in fact many actually harmful practices, have been handed down through generations from mother to daughter and thus perpetuated. These fallacies are emphasized and illustrated, especially amongst the notes on the care of the mouth, washing and caring for diapers, the warning against rubber diapers, as well as in the very sensible paragraphs about the infant's clothing.

The chapter on breast feeding emphasizes to the mother how important breast milk is to the well-being of her child and it brings to her sensible directions about her own diet and, especially, it deprecates "stuffing." Here on the West Coast many pediatricians differ from the authors and recommend longer intervals between nursings than the Boston writers advise.

A fundamental which ought to be burned into the consciousness of every mother and every physician is brought out when the authors insist upon the prime necessity for thorough physical examination of wet nurses and all other servants who may be brought into contact with children, particularly the dangers from such attendants as may have incipient pulmonary tuberculosis, cannot be too often or too forcibly stated.

Every pediatrician has individual preference in the artificial feeding of infants. The group of men working in California no longer cling to the use of the percentage methods or of top milk and cream mixtures to any great extent. It is also the practice among them to use more concentrated formulas than these authorities of the Boston school find advisable. Apart from this divergence of opinion, there can be only admiration and support for the excellent advice contained in the chapter on the preparation of foods, advice which includes the care of materials and of utensils and to which is appended a number of recipes that will prove of value to mothers. For the feeding of older infants, the practice in the West is to begin the use of cereals and vegetable pulp quite early, a practice which does not find favor with the authors of this book, who defer the use of vegetables until the child is past two years of age. Bacon and sugar are taboo to these writers; as a result their diets call for much larger quantities of milk and are much more dilute than those in general use in this part of the world.

The need for training children to sound habits of eating is very wisely dealt with. Attention is called to the extreme suggestibility of children, and it is pointed out that this suggestibility is active in forming likes and dislikes of children for this or that food. The common aversions that children may exhibit towards essential articles of diet have often been brought about by some chance remark of a parent or friend. (The reviewer is of the opinion that for this chapter alone the book is well worth putting into the hands of every mother.) In dealing with this phase of child psychology, the authors write: "As so many people are weak-minded and soft-hearted, it is not advisable to have young children come to the table."

Every pediatrician must agree with the authors when they frown upon the indiscriminate diagnosis of malnutrition, and upon their insistence that to properly manage a case of malnutrition, intelligent investigation into particular family characteristics, as well as attention to the peculiar characteristics of the child, must be undertaken.

There are very satistying, concise, interesting chapters which discuss the development, care and home training of the child.

The authors' insight into the problems of prevention of disease is well shown in the following quotation regarding the lack of medical supervision of Sunday schools: "Strange as it may seem to some, it apparently makes no difference in the severity of whooping cough, measles and other contagious diseases whether they are contracted at Sunday school or not." It is certainly a commentary on human fallibility that pediatrists, physicians and child welfare workers spend so much time in investigating evils and in recommending reforms, and yet so often miss the greatest evils of all.

On the whole, this is a book that can hardly be bettered as a handbook for young mothers interested in sound, modern nursery practice. C. G.

Infection and Resistance. By Hans Zinsser, M. D. 3rd ed. 666 pages. New York: The Macmillan Co. 1923.

A third edition of Zinsser's work within a period of ten years indicates rather forcibly the rapidly changing views on the biologic aspects of immunity. However, we are seeing in these few years, and ahead, a crystallization of vague and discordant hypothesis into fundamental facts and a sound system of rational deduction.

Probably no phase of immunity is more vexing, more fascinating, more bewildering and more essential than our understanding of anaphylaxis. Zinsser has entirely rewritten the chapters on this state with a more vigorous and confident approach. The effort, and success, of taking under wing and correlating pseudo-anaphylactic and anaphylactoid processes is gratifying.

Complement-fixation theories, and especially technical procedures, are not up to time, and might even be considered stale. These chapters have hardly more than an interesting historical value.

This volume embraces in a free and most readable style the broad field of infection and resistance. Much is contained that is of purely historic interest but essential in bringing into modern focus, pioneer and even prophetic conceptions. There is a pronounced effort at avoiding technical presentations. These could be entirely deleted. Isohemolysins and agglutinins, in their present broader application are fully discussed. Chapters on therapeutic immunization, active and passive, together with the phase of non-specific immunization, should aid considerably in the intelligent use of biologic agents. The chapter on colloids which appeared in previous editions has been rightly omitted.

In a previous review, I believe that I suggested a general reading of Zinsser's work. It is a book that can be read here and there—preferably for not too long a time. Written in good style, on a fascinating and absorbing subject, and makes you think a lot. E. A. V.

Cerebrospinal Fluid in Health and in Disease. By Abraham Levinson. 267 pages. 2nd ed. St. Louis: C. V. Mosby Co. 1923.

This volume of 267 pages represents a large amount of personal work done by the author which is always valuable in any monograph.

Of special interest to those who are not cognizant of the difficulties encountered in the development

of a study of the cerebrospinal fluid, the opening chapter on the history of the cerebrospinal fluid is replete with interesting data, and stimulating to one interested in this subject. One can understand then the difficulties in the field from pure clinical observation to the results found in the physical laboratory.

For the researcher with the cerebrospinal fluid this work is not so valuable as to the student and general practitioner, because there are not enough details explaining the data given. However, the bibliography is well chosen and sufficient.

One would expect to find adequate description for performing the different tests, such as Lange Colloidal Gold Test, with enough detail described to perform these tests, but in this the book is sadly lacking.

The author separates the cerebrospinal fluid into non-meningitic and non-luetic, rather than normal fluid. It would have been interesting if a further explanation of this classification could have been given.

The reviewer has found that the chloride content of normal cerebrospinal fluid varies between the narrow limits. (0.72 and 0.74 per 100 ccs.) The author finds other variations, which I believe should be rechecked on a large number of fluids, as it is well known that the chlorides of normal fluids vary much less than other constituents.

On the whole, the book is well worth owning and studying. J. M. W.

American Illustrated Medical Dictionary (Dorland)—A new and complete dictionary of terms used in Medicine, Surgery, Dentistry, Pharmacy, Chemistry, Veterinary Science, Nursing, Biology, and kindred branches; with the pronunciation, derivation, and definition. Twelfth edition, revised and enlarged. Edited by W. A. Newman Dorland, M. D. 1296 pages with 338 illustrations, 141 in colors. Containing over 3000 new words. Philadelphia and London: W. B. Saunders Company, 1923. Flexible Leather, $7 net; thumb-index, $8 net.

A copy of this splendid dictionary ought to be on the desk of every physician. It is prized so highly in the editorial offices of the Journal that the copy furnished by the publishers for review is used as the desk copy for the editor of the Journal.

Heart Records, Their Interpretation and Preparation. By S. Calvin Smith, M. D. 313 pages. Illustrated. Philadelphia: F. A. Davis Company. 1923. Price, $7.

This well-bound and well-written book is full of beautifully illustrated records.

The author has evidently experienced many of the difficulties which a beginner generally encounters in trying to set up an electrocardiographic outfit, so his advice is very valuable.

It seems impossible to get a book which will clearly illustrate the different electrocardiograms and give a clear explanation of the causes of the abnormal curves and also full advice to the beginner, who most often has to "set up" his outfit.

Calvin Smith fills the want as to the latter difficulties, but has left plenty of room for the former. However, his book is called "Heart Records," and that is what it contains. H. S.

Happiness itself is sufficient excuse. Beautiful things are right and true, so beautiful actions are those pleasing to the gods. Wise men have an inward sense of what is beautiful, and the highest wisdom is to trust this intuition and be guided by it. The answer to the last appeal of what is right lies within a man's own breast. Trust thyself.—Ethics of Aristotle.

BOOKS RECEIVED

Annual Report of the Surgeon-General of the Public Health Service of the United States, for the Fiscal Year 1923. Washington: Government Printing Office, 1923.

American Illustrated Medical Dictionary (Dorland). A new and complete dictionary of terms used in Medicine, Surgery, Dentistry, Pharmacy, Chemistry, Veterinary Science, Nursing, Biology, and kindred branches; with the pronunciation, derivation, and definition. Twelfth edition, revised and enlarged. Edited by W. A. Newman Dorland, M. D. Large octavo of 1296 pages with 338 illustrations, 141 in colors. Containing over 300 new words. Philadelphia and London: W. B. Saunders Company, 1923. Flexible leather, $7 net; thumb-index, $8 net.

Neurologic Diagnosis. By Loyal E. Davis, M. D., Associate Professor of Surgery, Northwestern University Medical School; Fellow of the National Research Council. 12mo of 173 pages with 49 illustrations. W. B. Saunders Company, Philadelphia and London: 1923. Cloth, $2 net.

Operative Surgery. Covering the operative technic involved in the operations of general and special surgery. By Warren Stone Bickham, M. D., F. A. C. S. Former surgeon in charge of general surgery, Manhattan State Hospital, New York; former visiting surgeon to Charity and to Touro Hospitals, New Orleans. In six octavo volumes totaling approximately 5400 pages with 6378 illustrations, mostly original, and separate Desk Index volume. Now ready—Volume I containing 850 pages with 921 illustrations; Volume II containing 877 pages with 1008 illustrations. Philadelphia and London: W. B. Saunders Company, 1924. Cloth, $10 per volume. Sold by subscription only. Index Volume free.

Medical and Veterinary Entomology, a text-book for use in schools and colleges, as well as a handbook for the use of physicians, veterinarians, and public health officials. By William B. Herms, Professor of Parasitology in the University of California. Second edition completely revised. New York: The Macmillan Company. 1923.

Pruritus of the Perineum (Pruritus Ani, Vulvae and Scroti). By Joseph Franklin Montague, M. D., of the Rectal Clinic, University and Bellevue Hospital Medical College. Foreword by George David Stewart, M. D., President New York Academy of Medicine. With 37 illustrations. Paul B. Hoeber, Inc., New York. 1924.

Children's Diseases for Nurses. By William Palmer Lucas, M. D., Professor of Pediatrics, University of California Medical School, San Francisco; Physician-in-Chief Children's Department, University of California Hospital, etc., New York: The Macmillan Company. 1923.

Medical Record Visiting List or Physicians' Diary, revised, New York: William Wood & Company, Medical Publishers.

International Clinics, a quarterly of illustrated clinical lectures and especially prepared original articles, by leading members of the medical profession throughout the world. Edited by Henry W. Cattell, M. D., Philadelphia, with the collaboration of a distinguished staff. Volume IV, 33d series. 1923. Philadelphia and London: J. B. Lippincott Company. 1923.

Medicine in the Public Press

With this number of the Journal is introduced a column of comment on medicine in the public press. The editor invites comment on the advisability of making this column permanent and of elaborating it to include practically all of the appropriate "news."

The editor also invites every member of our association to send in all press clippings considered appropriate for discussion in this column.

Doctors Face Diploma Quiz—Under this and similar display headings the press announces that the Governor of California has instructed the Board of Medical Examiners to conduct an investigation into "Eastern diploma mills." "It has come to my attention," the Governor is quoted as saying, "that fake medical diplomas are being turned out by certain spurious medical colleges in Eastern cities, and I would suggest that your board use every precaution to prevent graduates of such colleges from practicing in this State."

Why "spurious medical colleges in Eastern cities"? There probably is no state that has as many alleged colleges purporting to prepare "doctors" as does California. Certainly there is no state that can offer less adequate laws governing the establishment and operation of "colleges" as "doctor" factories.

Again, we wonder why we are getting so excited about the hypothetical few M. D.'s who may be graduates of "spurious Eastern colleges." Why not clean the state of those hundreds and probably thousands of inadequately educated persons, many of whom are "graduates" of legally operating California "doctor" schools, and others who don't even trouble to get licenses of any sort and don't even claim to have spent the many dollars and few hours of time necessary to get a "diploma" from mushroom schools in our own state? Who are these people and where are they practicing, you ask? Walk along the prominent streets of your cities and look at the signs. Do this at night and look at the electric-lighted signs. Look in the telephone directories and at the advertising sections of the newspapers.

Then what about those that have been convicted of practicing medicine without a license and pardoned by the Governor? What about the suits that at one time were pending against some 300 of these gentry and were dismissed?

The real situation should not be limited to the sudden "probings" against the dangers from a few possible graduates of Eastern "spurious schools" while our own state is the home of far more serious conditions.

Adequate legislation to cover one phase of this problem was passed all but unanimously by the last Legislature and was vetoed by the Governor for reasons that we hope he now wishes he had never uttered.

Health Questions—The statement that a minister of a San Francisco church received and answered from 10 to 50 questions a day was considered of news value and the minister was considered the most "asked" man in the city.

If the Better Health Service conducted by the League for the Conservation of Public Health were to have its questions drop to only 10 to 50 a day, we would know that there was something wrong with the service. And our questions are all about Health. This service is growing constantly in interest and importance. That it is being more and more appreciated by the public is attested by scores of letters daily. Hundreds of correspondents endorse the method of conducting the service in the name of an organization without the mention of the names of doctors or other medical agencies.

Rendering the Right Service in the Wrong Way—According to news items, the San Francisco public school department is entering the field of the practice of dentistry. An appropriation for funds to equip dental offices has been requested and approved. Every child, and adult for that matter, should have all the prophylactic, diagnostic and dental treatment service he needs. Particular attention should be given to children's teeth—even the temporary teeth. However, we doubt the wisdom of the schools' attempting to render this service, nor do we believe it at all necessary. If any public tax-supported bureau is to practice either medicine or dentistry, it should be the Health Board. Even this is neither necessary nor advisable until it is shown that the dental profession either cannot or will not meet the situation.

There are nearly 1000 dentists in San Francisco. Each of these already has offices, office help, equipment and other fixed expenses. They also have the necessary X-ray, laboratory, anesthesia and other contacts. In other words, they are fully prepared to practice dentistry. Why duplicate the large item of fixed charges connected with good service, which must be paid for by someone? Our casual questioning reveals the fact that there are too many dentists with so little to do that they must accept small compensation wherever offered. In addition to the hundreds of dentists' offices where overhead expense goes on even for those with little to do, there are a considerable number of clinics equipped to serve school children and others. There is now in San Francisco enough dental equipment, well arranged in offices and clinics, and enough personnel to take care of a population much greater than we now have. Why duplicate these costs and place the practice of dentistry under a bureau that cannot render the service?

"Fake" Medical Colleges—The press publishes an interview with P. T. Phillips, president, and C. B. Pinkham, secretary, of the California Board of Medical Examiners, which says: Two Los Angeles medical colleges face cancellation of charters and more than 20 practicing physicians of the State have orders to appear before the California State Medical Examiners to defend their right to practice. One of the Los Angeles institutions, the Pacific Medical College, is alleged to have sold a diploma for $300 to one of the doctors now under arrest in St. Louis. The other institution, the American University, is charged with having offered its diplomas for an "inducement" to Italians in Venice, Italy, who desired to come to America as full-fledged American doctors. Dr. Pinkham is quoted as saying: "This 'university' is a fake, according to information we have received concerning it. Its 'campus,' as reported to us, consists of a small upstairs room in a Los Angeles suburb. This room is fitted with a dilapidated bed, an aged desk, a few broken chairs, and serves as eating, sleeping and 'working' quarters for the 'dean.'"

Assuming these statements to be true—and we have no reason to believe otherwise—what are the people of California going to do about it?

As we have repeatedly shown in articles and once in an address on the floor of the Senate in Sacramento, there is no adequate State law to control the situation. If physicians and physicians' organizations had not tried hard to remedy the situation, we could be criticized with justice. However, we have done all we could, and we will keep on trying.

What was known as the Medical College bill was prepared by and introduced into the Senate and Assembly of the Legislature in 1921 by the League for the Conservation of Public Health. It passed the Senate and died in a committee in the Assem-

bly. This bill did not raise in any way the question of secular medicine. It provided that any college or school purporting to teach the healing art should be incorporated. In order to be incorporated, it should come up to certain specified and reasonable standards, in finances, equipment, attainments of teachers, and other assets, and that it should require a certain minimum of real work in specified fundamental subjects by students who had had reasonable preparatory education.

Some such law must be placed on the statute books of the state for the protection of the good name of the state, as well as the health and even the lives of our citizens.

There are a score or more of "colleges" in California that profess to educate people to treat the sick that are no better, if indeed they are as good, as some of the "colleges" responsible for the present national scandal.

License to treat the sick in most states is based upon alleged education. The cure is to safeguard the education by making decent requirements for schools, faculties and students.

Serum Is Discovered Again—News dispatches quote a doctor A. R. Dochez of Columbia University as announcing a curative serum for scarlet fever. It may be so, but the method of announcement seems to have earmarks that make us skeptical. It is usual to see announcements of this character during the winter months when scarlet fever is prevalent, and sometimes the senegambian shows up when the "new serum" is marketed. Let us hope the report is true.

Are There Fake Doctors in State Hospitals?—Press dispatches announce that Mr. W. D. Wagner, director of the State Department of Institutions, is going to find out. He is going to conduct a "searching investigation" to find out if any of the "diploma mill" doctors have crept into his service. This is quite easy. One letter will give him the complete educational record of all of his doctors. However, it's not likely that any will be found, for the type of "doctors" who buy diplomas are not those who will be content with the "enormous" salaries that the State pays its doctors to treat its mentally sick citizens.

And They Call Them Specialists—Under this title George Ade (Cosmopolitan) treats specialists of many kinds in his usual humorous vein. We all laugh at what he says and some will see the implied moral. He refers to specialization in medicine by saying: "Doctor Gazarius says that your teeth do not look right, so he turns you over to Doctor Escatorius, in charge of the X-ray. You get the awful-looking prints of your teeth, which resemble twilight in the Sierras, and you ask Doctor Escatorius how about it, and he says that the radiograph must be submitted to Doctor Giggleheim. After days have elapsed Doctor Giggleheim reports that numbers 3, 18, 27 and 31 are indicated for extraction. So you tell him to go ahead and pull, but he says no, he does no extracting, but you had better go to Doctor Walzabus with your chart and let him keep on pulling until you tell him to stop.

"So you are passed along, like one of the parts of a flivver. You started out by consulting a dentist and you finish by being a dumb unit in a great system."

Discoveries Announced Too Quick—Many American doctors and scientific men are too quick in their announcements of discoveries, Doctor Arthur Biedl, professor of medicine at Prague, tells our newspapers.

This is a true statement, but we are sorry that the doctor spoiled it by saying that "European scientists are more careful and conservative in making known their findings." We won't forget Friedman of turtle fame; Coue of beaded string fame; Voronoff, Steinach, and a host of others who, to express it mildly, make premature announcements.

Senility—Now that "doctor" Frank Crane has spoken, we know all about senility. There is nothing to indicate that he is more careful of some of his other statements than he is in repeating the one time facetious remarks of the late Doctor Osler. He says: "Senility has nothing in particular to do with old age. . . . I have discovered that youth and senility are mere attitudes toward life." With this remarkable definition of senility and the equally remarkable "discovery," this much read and popular writer concludes with this remarkable statement: "Another recipe for a full and happy old age is found in the advice of Nietszche: 'Live dangerously. Build your house on the side of a volcano.' We have spent a good deal of sympathy upon destitute old age. Our sympathy should be extended to old people who are perfectly safe."

This is part of the education! the public is getting in medicine and health.

Counterfeit Doctors—Under this heading the Hanford (California) Journal says editorially: "In a profession given to quackery, quacks would attract little attention. The counterfeiting of medical diplomas is in itself a tribute to the medical profession. Counterfeiting implies that the established currency is sound. So it is with this great profession. All the more reason, therefore, why the profession itself should make every effort to eliminate the quacks, and why the public should help by informing itself of every doctor's medical pedigree and ostracizing the occasional pretender or crook."

When the legislation proposed by the League for the Conservation of Public Health becomes law it will solve this situation.

Is R. C. Cabot Being Misquoted?—One of the strong points being used against the medical profession by those who treat the sick by curious means is a statement credited to Doctor R. C. Cabot of Boston that "I know from my own certain knowledge that the vast majority of physicians in Massachusetts cannot make a diagnosis of early tuberculosis. I do not believe that one-tenth of the physicians in any state can tell incipient tuberculosis when they see it from physical signs."

If Doctor Cabot did not make this foolish statement, there would seem to be chances for him to increase his income and render the cause of better health a service at the same time. If he is correctly quoted he should apologize to his colleagues.

Some of our other prominent members, particularly Mayo and Crile, are also being extensively quoted as making statements easily interpreted as derogatory to their colleagues. Are there not enough forces trying to destroy public confidence in physicians and open the door wide for the unqualified without the assistance they can so frequently and readily cull from the careless remarks of prominent physicians and teachers of medicine?

Baby Gets Chance for Life—The press of the entire country feature the story of an eight-months-old baby who was "rushed" from St. Louis to Doctor Jackson of Philadelphia, who "was declared the only person in the country who could remove a tack from the infant's bronchial tubes." Wonderful publicity for Doctor Jackson, but we can't understand how such a splendid opportunity for publicity ever got by Rochester, Minnesota. The implied

reflection upon St. Louis physicians who are expert in the use of the bronchoscope is not at all serious.

Increasing the Goat Industry—Press clippings announce that "goat milk, on an average, sells in this country for 25 to 50 cents a quart. The ordinary milk goat will furnish about 1400 pounds of milk a season, although the high grades give from 2000 to 2400 pounds. Three-quarters of a ton of alfalfa hay and one-fourth of a ton of grain will feed a doe for a year. And goats are immune to tuberculosis. Get your goat."

If the increase in the use of goat milk and other edible portions of goats continues; and if one element in the propagating of goats continues to be exploited, to make the old young again, we are liable to find difficulty in maintaining goat herds. However, this danger may not be as imminent as it appears, because the Journal recently refused a display advertisement from a slaughter house offering to supply the rejuvenation glands to all physicians, as they are now supplying them to some. No wonder abscesses are sometimes reported to follow injections of alleged pure goat gland extract which was purchased from slaughter houses.

The Perils of Psychology—"The Spectator" (S. F. Examiner) in discussing this subject considers the danger "in this present fad is that people shall get to contemplating themselves until they lose their normal vigor which characterizes the healthy and become probably sickly and certainly a nuisance. . . . Freud's researches and conclusions are of great value to those who are equipped to use them for the benefit of the race. But Freud becomes a pest in the hands of those who are ignorant and unskilled to use his theories. The chief peril for the amateur Freudian lies in the fact that much is made of repressed sexual tendencies much better dealt with under the purifying influences of idealism and in the wholesome activities of normal social life than by continuous self-study, which easily leads to morbidity."

Public Health Lectures at University Hospital—A series of lectures on health topics is announced for the next four months by the University of California Medical School. These lectures, by well-known bay city physicians and surgeons, will be delievered in Toland Hall, University Hospital, Third and Parnassus avenues, San Francisco, at 2:15 p. m., on successive Sundays, the initial lecture having been January 20 on "What the Public Should Know About the Prevention of Diphtheria," by E. C. Fleischner, M. D.

Lectures for the following months, it is announced, cover a wide variety of subjects, including modern dentistry, goiter, asthma, bone and joint diseases, vaccines and antitoxins, life expectancy, anesthesia, prenatal care, indigestion, cancer, and other topics of vital popular interest.

The American Congress on Internal Medicine—The eighth annual clinical session of the American Congress on Internal Medicine will be held in the amphitheaters, wards and laboratories of the various institutions concerned with medical teaching, at St. Louis, Mo., beginning Monday, February 18, 1924. Practitioners and laboratory workers interested in the progress of scientific, clinical and research medicine are invited to take advantage of the opportunities afforded by this session.

Address inquiries to the Secretary-General.

Elsworth S. Smith, President,
St. Louis, Mo.

Frank Smithies, Secretary-General,
1002 N. Dearborn Street,
Chicago, Ill.

Correspondence

THE PHYSICIANS' CIVIC RESPONSIBILITIES

Letter from President Ray Lyman Wilbur of the A. M. A. to President T. C. Edwards of the California Medical Association, and Doctor Edward's reply:

President Wilbur: "If we of the medical profession are to play our proper part in public affairs we must work largely through existing organizations. This, it seems to me, means that every State medical association should have a well-organized committee on public welfare and legislation. Such a committee to be effective must deal in a practical way with men and with legislation. It seems to me desirable for it to make plans along three lines: (1) See that the best possible candidates are nominated, particularly for State offices; (2) See that of the candidates nominated the best possible are supported for election; (3) See that candidates before and after election are kept fully and accurately informed concerning matters pertaining to public health and the medical profession.

It is important to have this subject approached on a basis that will not seem purely selfish, but that will be for the good of the public in general, which, of course, means that it will be satisfactory to the medical profession.

It is of advantage if the chairman of the committee is one who has demonstrated his efficiency by past service and who can be induced to keep the position for some considerable period of time. His efficiency will depend upon the extent of his acquaintance, his knowledge of legislative procedure, and will naturally increase with each year's service.

In order to handle the administrative work of the committee, a good secretary is necessary. Either the chairman or the secretary should reside at the State capital and, if possible, they should reside so that they can have frequent personal conferences.

Some of the State associations are already effectively organized along these lines or others that have been proven by local experience to be equally satisfactory. In some States the arrangement is not so fortunate and it is particularly in these States that I urge prompt organization. If we are to present the uniform front that is necessary, effective organization in every State is essential. This applies both to State and National affairs. Organization should not wait until the Legislature meets or Congress convenes, but such action as may be necessary should be taken at once.

There has been set up at Association headquarters a Bureal of Legal Medicine and Legislation, which can be called upon freely by the legislative committee for suggestions and advice. I hope very much that the officers of your society will review their present plans in this regard or consider new ones, and that they will take particular note of the desire of the Association to be of service through the establishment of the Bureau of Legal Medicine and Legislation under Dr. Woodward."

President Edwards: "Your letter of October 31, 1923, which was sent to every State medical association, suggesting the need for 'a well-organized committee on public welfare and legislation,' was referred by me to the January meeting of the Executive Committee of the State Association. I said in my letter to you of November 15, that it was my impression that, as far as California is concerned, the proposed work of such a committee was being effectively covered by the League for the Conservation of Public Health.

I felt, however, that my judgment alone should not decide such an important question. The Execu-

tive Committee agrees thoroughly with you on the need for such work as you have alluded to and that, wherever possible, existing organizations should do the work.

The League for the Conservation of Public Health has been doing this work since 1918, and you are familiar with the successful record it has made. The American Medical Association and our State Medical Association have repeatedly complimented the League for its hospital betterment work, better health service, and for its legislative campaigns for the improvement of laws relating to preventive medicine and the prevention of legislation that would lower the standards of health and retard the practice of medicine.

The League is actively engaged in solving the problems that would come within the functions of a committee on public welfare and legislation and has accumulated a vast fund of information. As far as we are informed, we do not know of any organization in any State that has better trained personnel that is as vigilant in watching the tendencies and movements as our League. The League has more information on the factors behind various legislative measures, political groups, assemblymen and senators, the various welfare movements, the anti-medical forces and their sources of strength, the newspapers and other channels of publicity than any other organization of which we have any knowledge.

The life blood of every movement is publicity, and the executive secretary of the League is recognized throughout the country as a publicity director of outstanding character and ability.

Many of the present welfare and legislative problems come within the field of hospital betterment. The splendid committee of the League, consisting of Doctor W. E. Musgrave, Chairman, Doctors William Ophuls, Percy T. Nagan and John H. Graves, insures that this vital work is being ably handled.

The League pointed out, at its recent annual meeting, the civic duty of the members of the medical profession to select men of intelligence and integrity for legislators, men who recognize the value and need of scientific medicine and its essential agencies. The time to insure good legislation by selecting such men is at the primaries and not at the general election. If unfit tickets are selected at the primaries they cannot be defeated in November, and it makes legislative work at Sacramento desperately difficult. The League has had to fight some of its legislative battles under heavy handicaps. In one of the battles which it fought and won for the hospitals, the official public health forces were on the opposite side; in a battle on nursing education, won by the League, Union Labor was the opponent; in numberless contests all of the cults were combined against the League. The League has not lost a single legislative battle. In one contest, widely heralded by the press of the State, the administration tried to pass the so-called Professional Standards Bill. As it would have demoralized professional standards here, it was opposed and defeated by the League.

Medical men are composed of all shades of political belief and they seem to take less interest and have less information about the candidates they support and the issues they favor than any other group. In all important campaigns we find the members of the medical profession arrayed against one another. The League has done more to unify and solidify their efforts and thereby make them more effective than any other organization.

As the official personnel of the League is composed of leading members of our State Association, I can assure you that any request from you will be welcomed by the League and given hearty co-operation."

THE OWNERSHIP OF PATIENTS' RECORDS

F. W. Rinkenberger, M. D., of Los Angeles submits the following question:

"As a hypothetical problem, we will say that patient 'A' has been under the care of surgeon 'B,' and does not regain his health, and later consults surgeon 'C.' 'A' is unable to give 'C' definite information as to the surgical procedures he has undergone, or the conditions found at operation. 'C' goes to the hospital and asks for the chart of 'A,' but is refused permission to see the same without the permission of 'B.'

"It always seemed to me that this is a source of friction, inasmuch as it must be conceded that a patient has a right to change his medical or surgical attendants if he sees fit, provided there is nothing underhanded, or any influence brought to bear to cause the patient to change his or her mind, and it would seem to me that the right to the chart or record containing the laboratory reports, and all the other details which are really of value to the patient, should be subject to his or her order on the hospital without the permission of the previous attendant, who might, through selfish motives, or otherwise, object to a later attendant having the value of the previous findings. Yet it is for the benefit of the patient (as I see it) that we keep these records.

"I would greatly appreciate your ideas on the subject, and as it is a question that must often come up in different parts of the country, I believe it would be of value if you would print your opinions on the subject in the State Journal of Medicine."

Answer—Clinical records should be, and are in the majority of instances, prepared primarily in the interest and welfare of the patient; secondarily, they serve as an important guide to the physician. They enable the physician or physicians, as the case may be, to recall many details which at any time may become important, and the mere fact of writing the record necessitates a clear crystallization of the physician's ideas about the patient. This latter is a most important and much neglected qualification, and one that ought to be taught more than it is to young men and women just starting their professional careers.

In many countries and some States the law makes the patient's clinical record the property (privileged communication property) of the physician or the institution in which the record was prepared. So far as I know there is little law and few court decisions that bear directly upon the point as to whether, in case the patient is in a hospital, the record is the property of the physician who attended the patient or whether it is the property of the institution. Certainly, with any reasonable, fair and unselfish interpretation, it ought not to be necessary to decide this point. If the physician is the kind of a physician he ought to be, and if the hospital is the kind of a hospital it ought to be, the patient's record, regardless of who prepared it, obviously should be available to any subsequent physician holding the position of attending physician to that patient. Otherwise we defeat the primary and most important reason for preparing these records. No honest, conscientious, unselfish, fair-minded physician will ever, under any circumstances, refuse the written record or whatever personal opinion he may have regarding a former patient to another physician who may be at a later time attending this patient.

Many of the best hospitals in California have a rule that the record of any patient is available to that patient's physician at any time he wishes to consult it. Of course, it is extremely important that the data frequently contained in well-prepared records of patients be safeguarded against scrutiny by unauthorized and improper persons. In many States this is particularly and specifically protected by law. It should be better protected by law than it is in the State of California.

BOARD OF MEDICAL EXAMINERS, STATE OF CALIFORNIA

(Reported by C. B. Pinkham, Secretary)

"John of God": We have had many complaints against Juan de Dios Garay ("John of God") and have spent considerable time within the past two years trying to put him out of business. It has been almost impossible to convict him of violation of the State Medical Practice Act.

At each time I went through Garay's office with a search warrant, I found thousands of letters—letters from sick or afflicted; letters from the lonely or lovesick; letters from those who sought his occult powers for almost everything imaginable—and in each case carbon copies of his replies, showing him to be an artist in the art of extracting money from the credulous.

In one case a Mexican boy from Fresno sent $50 to gain the love of a 13-year-old Mexican girl, and "Juan de Dios" sent him a package of white powders with instructions to divide them into 14 equal parts and to burn one of such parts each night between 11 and 12 o'clock.

To some he sent bottles of his "Aztec Treatment," a concoction of herbs. He even had made some plaster medallions bearing a likeness of himself, which he sold to patients. Some of his patients regard him almost as a god.

Enclosed is a clipping from the Los Angeles Examiner of December 16, 1923, regarding the arrest of Garay by postoffice inspectors on a charge of using the mails to defraud. I furnished the postoffice inspectors with copies of circular letters mentioned in the clipping, and gave them sufficient information to secure his indictment by the United States Grand Jury, and I trust that this will be the "finish" of "John of God."

In commenting upon the above abstract of a report of the board's special agent, Doctor Pinkham says: "The enclosed letter shows the legal difficulties we experience in trying to prosecute 'fakirs' and 'quacks.' You will note that our special agent reports no success in prosecutions in local police courts, and it was not until the postoffice inspectors took action that we were able to accomplish anything.

The Los Angeles Examiner of December 16, 1923, in printing an article relating to the arrest of Juan de Dios ("John of God") Garay stated that 'Authorities state that Garay has obtained more than $300,000 from ignorant Mexicans and negroes during the past ten years in his operations in Los Angeles.'"

Letter Explaining Osteopathic Initiative—Under the provisions of the Osteopathic Initiative passed by the people of the State of California at the November, 1922, election, the Board of Osteopathic Examiners is given sole jurisdiction over graduates of osteopathic schools, and is empowered to carry out all the provisions of the Medical Practice Act in the instance of graduates of chiropractic schools. This means that the board of osteopathic examiners can license graduates of osteopathic schools as either drugless practitioners or physicians and surgeons; can collect the annual tax from all such individuals and otherwise perform the functions provided under the Medical Practice Act.

According to the 1923 directory published by the Osteopathic Board, Harold L. Jason holds a physician and surgeon certificate, which entitles him to unlimited practice in the State of California.

Naturopathy Legally Defined—Herewith we submit a copy of a communication from our chief counsel, Adolphus B. Bianchi, relative to a court decision establishing the limitation of the certificate to practice naturopathy, which many of the readers of the Journal know was validated in the State of California by special act of the Legislature in the year 1909, the enactment demanding that the Board of Medical Examiners endorse all certificates issued by the Naturopathic Association of the State of California that were presented to said Board within a certain period.

The Legislature failed to define what naturopathy was nor did the Legislature require that the holders of said certificate file with the Board of Medical Examiners any evidence of professional education.

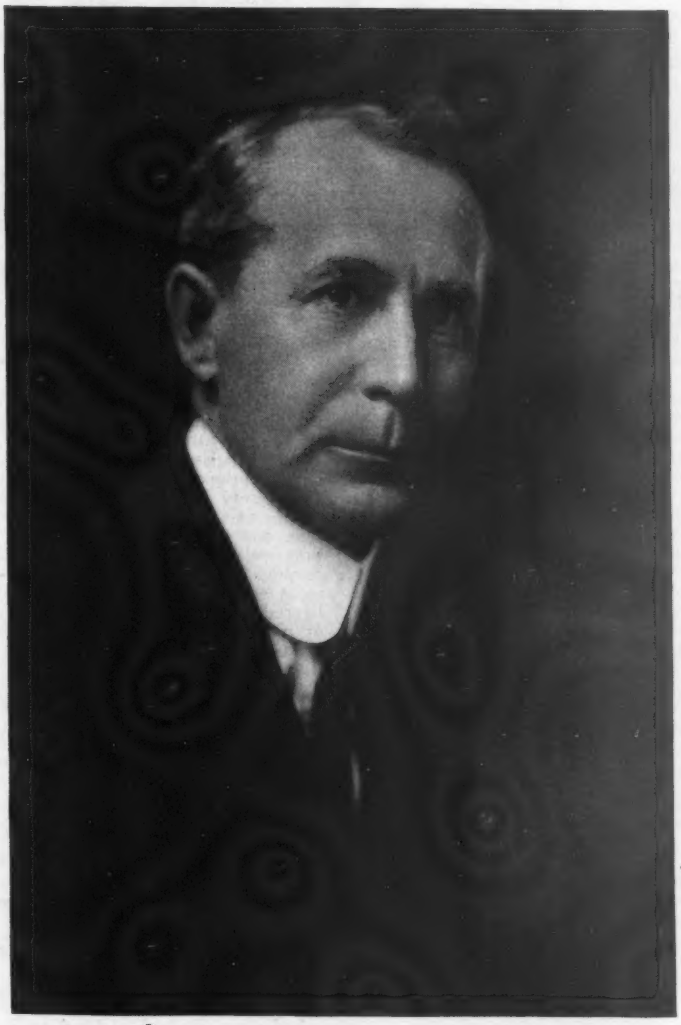
For many years the holders of these validated naturopathic certificates have considered themselves as physicians and surgeons until the courts decided their limitation, stated by Chief Counsel Bianchi as follows:

"The recent appellate decision in the matter of Millsap vs. Alderson, et al, 42 Cal. App. Dec. 29, removes all the clouds from this situation. A naturopath is not a physician and surgeon, and under the license issued to him as such naturopath by the State Board of Medical Examiners, he cannot perform surgery. He is not authorized to practice medicine and surgery as a physician and surgeon so licensed by the Board may practice.

The decision further restricts the practice of any naturopath. 'Therefore, the substance employed by one practicing naturopathy in the treatment of the sick and afflicted would be light, air, water, etc., and a naturopath, or a doctor of naturopathy, would be a person who holds an unrevoked certificate from the Board of Medical Examiners authorizing him to treat the sick and afflicted by the use of the substances above enumerated.' That is to say, the substance enumerated in other parts of the decision as being contained and set forth in the Articles of Incorporation of the Association of Naturopathics of the State of California. The Gerber decision is no longer applicable. A nauropath is not entitled to hold himself out or designate himself or practice as a physician and surgeon."

Naturopathic Licentiates of the State of California—Attention of physicians is drawn to a decision, Civil No. 3951, Second Appellate District, Division No. 1, rendered August 25, 1923, in the case of Roy Millsap, petitioner and respondent, vs. Harry E. Alderson et al., constituting the Board of Medical Examiners, wherein the court holds that a naturopath is not a physician and surgeon, and the certificate to practice naturopathy does not constitute the right to practice medicine and surgery. Roy Millsap appealed to the Supreme Court for a rehearing, which was denied on October 23, 1923, hence the opinion above referred to is now the law in the State of California, and we are drawing it to your attention in order that you may be guided thereby.

United States Marine Hospitals Crowded—"Owing to the increased amount of shipping on the Pacific Coast, the Marine hospitals at San Francisco and Port Townsend, operated by the United States Public Health Service, are now overcrowded," Surgeon-General Hugh S. Cumming announced today. So great has been the influx of patients, due to the increased activity in American shipping in San Francisco, that the Public Health Service has found it necessary to place many patients in contract hospitals. To increase the capacity at San Francisco, the service now plans to remove attendants from their quarters to furnished lodgings in the downtown section of the city. By doing this, thirty-eight beds will be added to the capacity of this hospital. Surgeon-General Cumming also announced that "plans for the enlargement of the Marine hospital at San Francisco and for a new Marine hospital to be constructed at Seattle, Wash., are now receiving serious consideration, but that appropriations for these projects will be necessary before they can be undertaken."



O. G. Wicherski. M D.

Doctor Otto Gustav Wicherski

After an illness of only a few weeks and from the midst of a busy life of public service, Dr. O. G. Wicherski was called on January 2 to higher service for the Master.

Born in New Ulm, Minnesota, forty-seven years ago his has been a life filled to the brim with service for others. His first active work after careful preparation was that honored calling of teaching school. From this he graduated into the study of medicine, receiving his M. D. degree from Rush Medical College in 1904. After a hospital internship and a few years of general practice in South Dakota and Nevada he affiliated himself with Dr. D'Arcy Powers on the faculty of the Post-graduate Medical School of San Francisco. Of his work here Dr. Powers always expressed himself in the warmest terms.

Locating in San Diego in 1911, he rapidly became prominent; his unusual executive expressing itself in public health work for the county and city. For the past six years he has been Medical Director of the San Diego County General Hospital, to which office he applied his talents with energy and intelligence. His was a rule of heart as well as brain, which union is so essential in caring for the poor. During the trying times of hospital betterment he has enjoyed the whole-hearted support and co-operation alike of the county supervisors, the general public and the medical profession.

Of Dr. Wicherski's devotion to duty it may truly be said that he left the sphere of his efforts the richer by reason of his contact with it.

R. P.

With Our Advertisers

A well-defined movement is obvious among all classes of good journalism to so adjust the mechanism of their publications that their advertising columns shall be read with as much interest as other reading matter, because they are equally informative and attractive. It may not be out of place to repeat again what we have so often said, that the California State Journal of Medicine is enabled to be what it is more from the income derived from advertising than from any other source. Advertisers very properly scrutinize returns on their investments in advertising, just as they do on any other investments, and if the Journal is to go ahead and improve, we should see to it that those who invest with us get returns on their money.

Optical Companies—It is a pleasure to call the attention of our readers to the page advertisement of the Riggs Optical Company appearing in this issue of the Journal and to emphasize the high-class copy they include in that advertisement. The confusion that has existed in this important field of medicine has been a source of concern to physicians, patients and technicians in the optical field, but the situation seems to be clarifying itself to a certain extent, and the position taken by some of our good optical companies is helping in this clarification, to the interests of the people who need and must wear glasses.

We have been carrying for a very considerable time the advertisements of the Trainor-Parsons Optical Company and the John F. Wooster Company, both of San Francisco, who announce themselves as high-grade prescription opticians. Manufacturing and technical people who take the advanced stand required to securing advertising space in our Journal ought to be encouraged in that stand by the ophthalmologists who write prescriptions.

Medical Book Department of The Emporium—We are glad to call attention to the announcement of The Emporium, beginning in this issue, inviting you "to browse at your leisure" in their Medical Book Section and to use the department as a reference and reading room. Their stock of medical books is very complete, including a great many foreign importations, and they will order for you any book in print, even cabling to their foreign offices in all parts of the world. Orders from out of town will also have their prompt attention. This service, with that of J. W. Stacey, whose announcement has been carried in the Journal for the past few months, insures for San Francisco and California adequate supply departments for all sorts of medical and techincal literature, for physicians, dentists, and nurses.

Medical Illustrating—The Journal carries constantly the card of Mr. Ralph Sweet, who is devoting his entire time to medical illustrating. Now that the annual meeting of the California Medical Association is approaching, and also that of the American Medical Association, it seems appropriate to call attention to this service. We do not hesitate to endorse Mr. Sweet as a very competent medical illustrator, nor do we hesitate to say that illustrations that illustrate are an extremely valuable part of medical publications, as they are of other publications.

Our Iletin (Insulin, Lilly) Advertisement—In this number we carry perhaps the most extensive and carefully prepared color two-page advertisement ever produced in the Journal. This is the announcement of Eli Lilly and Company with reference to iletin. Eli Lilly and Company announcements are always of value and interest, and are found in our advertising columns constantly.

Address of the Retiring President, Los Angeles County Medical Association—"No man can serve this society for one year in the presidential chair without forming serious convictions as to its welfare," said William H. Gilbert, president of the Los Angeles County Medical Association during 1923, in his address as retiring president, (Bulletin Los Angeles County Medical Association, Jan. 17, 1924). "On all sides one hears the voices of the boosters and the knockers. The attitude of a leading newspaper, which for years has carried on propaganda against the medical profession has not only seriously influenced the minds of the people but has struck a terrible blow at the morale of the profession itself. . . .

It is surprising when one considers that this association numbers thirteen hundred members that its regular attendance is so small. One cannot say that the scientific papers have not been interesting or well prepared. As you know the prime motive of the county medical unit is education. In fact the county unit should be a post graduate medical school. One hears occasionally that the papers, no matter how well prepared, are poorly delivered, and I must confess that I have sat in this chair, and heard the most scholarly dissertations mumbled over and delivered in such a manner they could not be heard or understood beyond the first three or four rows. Essayists do not seem to realize that the man who listens is entitled to a square deal in the delivery of the paper, and that it should be read in such a manner as to be impressive and instructive. Without doubt most of the poor attendance of the parent body is due to the large number of meetings held by the subordinate branches, hospital staffs and various other medical organizations. In fact the time has arrived when the man that keeps up his attendance in the various branches of this society and the hospital staffs with which he is affiliated is spending more nights away from home than is justifiable."

DEATHS

Anderson, Ross R. Died at Los Angeles, January 17, 1924. Graduate of the College of Physicians and Surgeons, Baltimore, 1905. He was a member of the Los Angeles County Medical Society, the California Medical Association and the American Medical Association.

Dresel, Gustav. Died at San Francisco, January 1, 1924, age 67. Graduate of the University of Frankfort-on-the-Main, Germany, 1882. Licensed in California 1884. He was a member of the San Francisco County Medical Society, the California Medical Association and a fellow of the American Medical Association.

Wicherski, Otto Gustav. Died at San Diego, January 2, 1924, age 47. Graduate of Rush Medical College, Chicago, 1904. Licensed in California, 1910. He was a member of the San Diego County Medical Society, the California Medical Association and a fellow of the American Medical Association.

Wythe, Stephen. Died at Oakland, December 25, 1923, age 50. Graduate of Cooper Medical College, San Francisco, 1895. Licensed in California, 1896. He was a member of the Alameda County Medical Society, the California Medical Association and the American Medical Association.